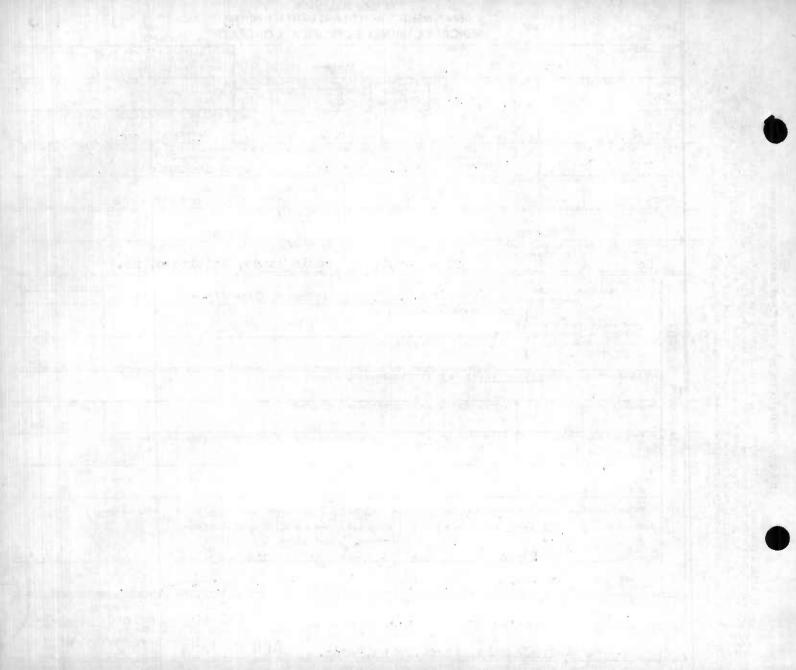
STATE OF MARYLAND

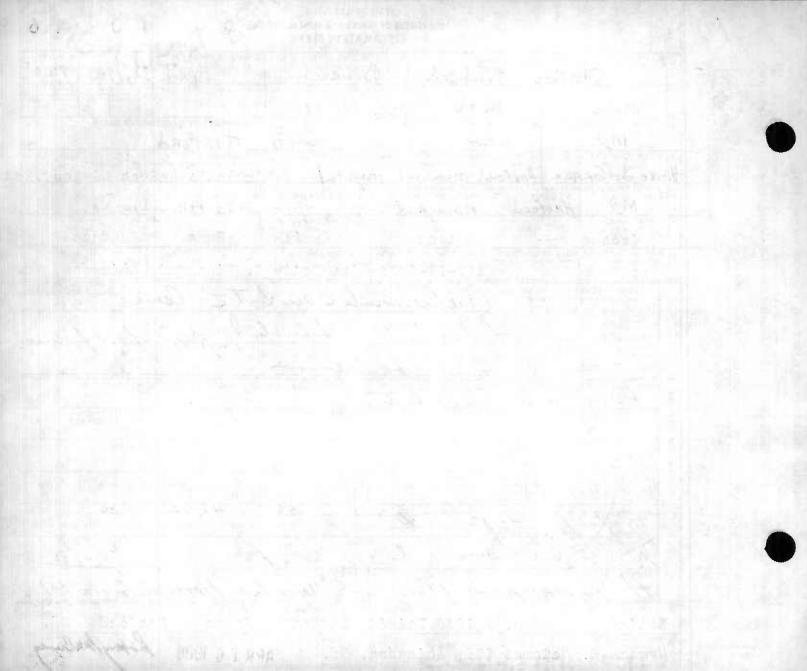
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH TYPE OR PRINT) 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 5. DATE OF BIRTH IF UNDER 24 HRS MONTH YEAR HOURS White 6 BALTIMORE CITY OR COUNTY OF DEATH Ja. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY COUNTRY MARRIED NEVER MARRIED Harford County U.S.A. Maryland WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Fallston General Hospital Assistant Engineer State Md Fallston USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13e SIREEI ADDRESS 703 Edgehill Dr 13d. INSIDE CITY LIMITS? Harford Bel Air NOX Maryland YES [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE MIDDLE Andonietta Lamana Bellestri Simone 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs Concetta M Bellestri Same 215-05-0458 Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per lige for (a), (b), and (c) PART I DEATH WAS CAUSED BY morron AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/61 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. 10-19 , ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. above. (1) (we) (did) (did not) view the body after death

3 SEX

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IMPORT

CERTIFICATION

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (THE

(SPECIFY)

22b. SIGNATURE

230 BURIAL, CREMATION, REMOVAL 23b. DATE

22e. ADDRESS

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/73 (VR A 15 (4))

Burial 24 FUNERAL DIRECTOR

4/14/80

23c. NAME OF CEMETERY OR CREMATORY

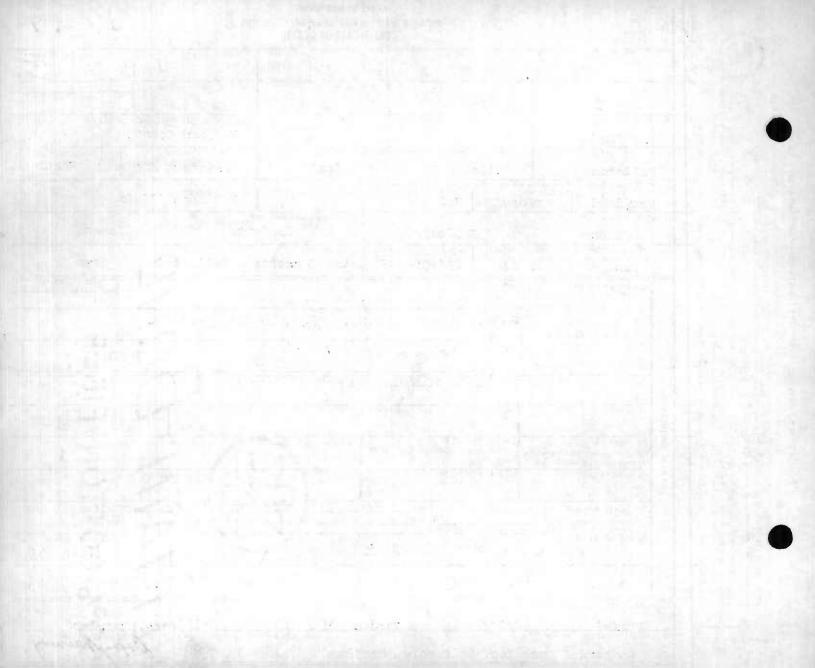
Gardens Of Faith

23d. LOCATION CITY OF TOWN

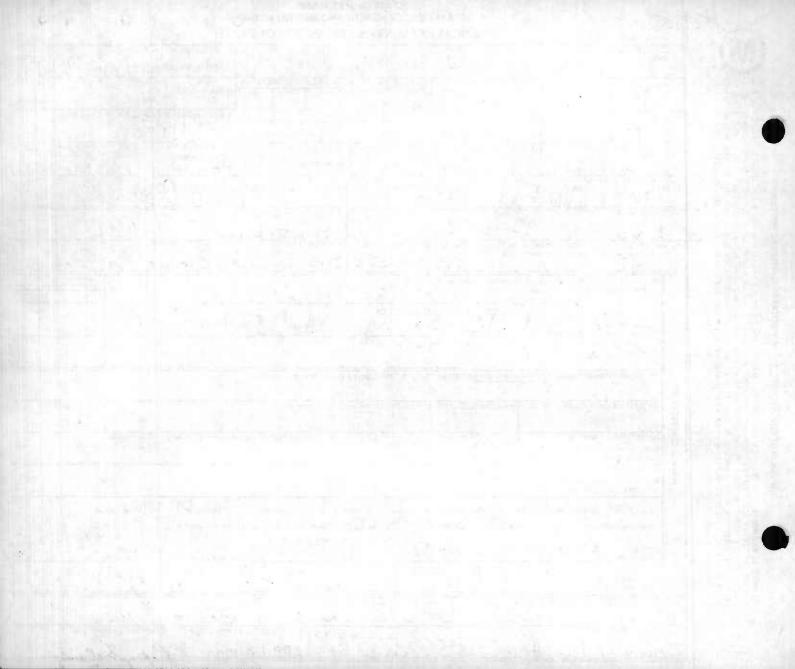
STATE

Baltimore, Maruland 250. DATE RÉC'D. BY REGISTRAR 256. REGISTRAB'S SIGNATULY

Leonard J Ruck Inc. Baltimore, Maryland



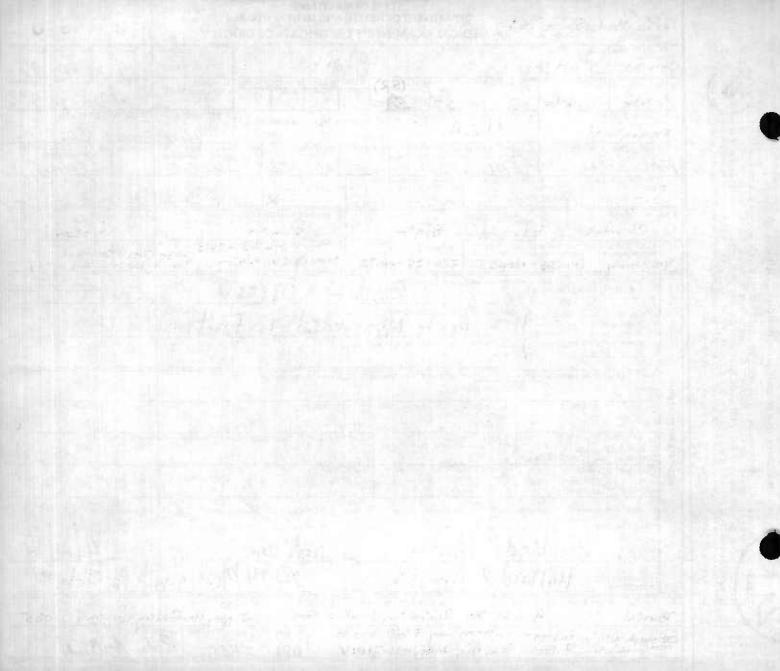
7/1	STATE OF MARYLAND	A
101	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 4 4 9
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	DECEASED NAME (TYPE OR PRINT) 20. DATE KNOWN OF ESTI- DEATH MATED 21. DATE KNOWN OF ESTI- DEATH MATED	THE DAY YEAR 26 HOUR TO SPA
3. S	SEX 1. RACE S. DATE OF BIRTH 6. AGE (IN YEARS F UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MIN PRONOUNCED	ONTH DAY YEAR 2d, HOUR
70.	BIRTHPLACE (STATE OR TO PENER OR OF WHAT COUNTRY? B. MARRIED PREVER MARRIED 9. BALTIMORE CITY ON COUNTRY);	OUNTY OF DEATH
2 10. US 13a	Md. U.S.A. WIDOWED DIVORCED D	TV() MD.
2 10.	CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOTIN SUCH FACILITY, GIVE STREET ADDRESS) FOR MAN FOR MAN	WORK 176. KIND OF BUSINESS OR INDUSTRY BETH STEEL
US 13a	SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. CPUNTY 137. CITY OR TOWN 138. INSIDE (1TY LIMITS? YES \(\text{NO} \(\text{NO} \) 130. STRBET ADDRESS 130. STRBET ADDRESS	rah Ct.
14.	I. FATHER'S NAME FIRST MIDDLE LAST IS MOTHER'S MAIDEN NAME FIRST MIDDLE	O / LAST
6	LOUIS G DICLAT MATILDA in WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	rela
1 100	ia. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ADDRESS 217-34-9523 Mrs. Lucille Bielat.	1603 Deborah
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (b).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	4/0 - IMMEDIATE CAUSE (o) DUE TO, QR AS A CONSEQUENCE OF	
	Conditions, if any, which gave rise to immediate (b) Massive Myocardia Intarcolom	
	cause (a) stoting the <u>under-</u> lying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
O TOTAL	(c)	
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 121c. HOW INJURY OCCURRED LENTER NATURE OF INJURY HOUR A MACRITHED DAY YEAR 121c. HOW INJURY OCCURRED LENTER NATURE OF INJURY HOUR A MACRITHED DAY YEAR 121c. HOW INJURY OCCURRED LENTER NATURE OF INJURY HOUR A MACRITHED DAY YEAR 121c.	20. AUTOPSY?
73 September 2		YES NO
3 8	216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19	1 OR PART 2)
MED	VINDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21d INJURY OCCURRED 21d NOT WHILE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
		my opinion
	death resulted from: Natoral causes Accident , Suicide , Homicide , Undetermined manner ,	11/10
		DATE SIGNED 4/7/80
0-	EXAMINER'S NAME WILL BY & AMOSS ADDRESS 2404 PROS ANTVIN R	1. Falston ML
	30. BURIAL, CREMATION, REMOVAL 236. DATE 234. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR LOWN	COUNTY STATE
	Burial 4/10/80 St. Stanis Laus 13al to. FUNERAL DIRECTOR 1 FUNERAL DIRECTOR 1 1/250. DATE REC'D. BY REGISTRAR 125b. REGISTRAR	Hal. AR'S SIGNATURE
-	NAME - [ADDRESS CO 2/7"	/ -
6	-ANNINO PUN HOME 263 D. CONKLING ST APR 1 0 1000 Rick	- Seal -

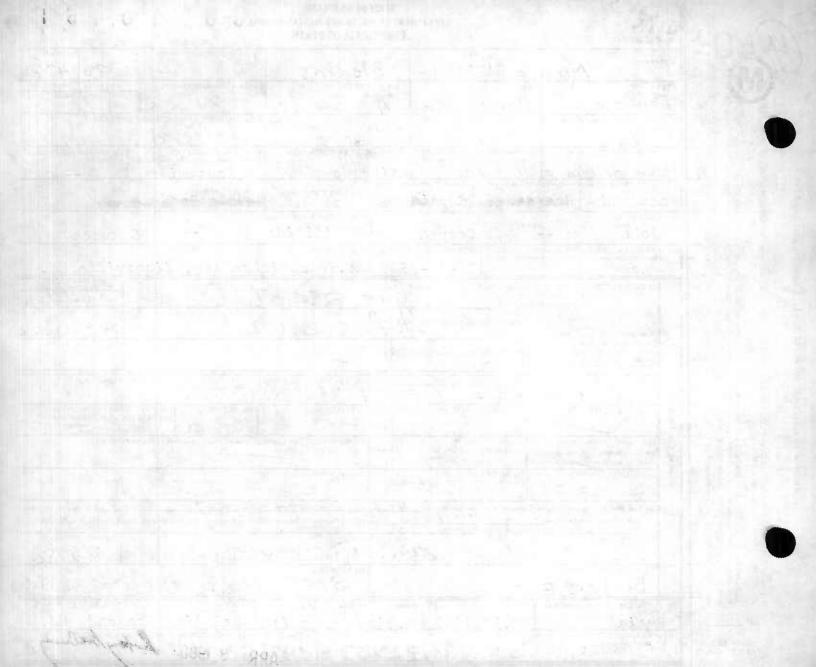


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	FOR STATE		T OF HEALTH AND MENTAL I	DE DEXTH	10449
	REGISTRAR CEASED NAME FIRST PE OR PRINT)	WIDDLE	Black	20. DATE KNOW! OF ESTI-	
	Joan			DEATH MATED	17
3. SE	MW		BIRTHDAY) MONTHS DAYS HOURS	R 24 HRS. 20 DATE PRONOUNCED DEAD	MONTH DAY YEAR 2d. H
70 B	SIRTHPLACE ISTATE OR OREIGN COUNTRY) 14 d	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR	RIED U	TY OR COUNTY OF DEATH
00	LUY CUVILLE	11. NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF YORKING LIFE)	(TYPE OF WORK 12b. KIND OF BUSINES OR INDUSTRY
	STATE MA 13h COL	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNTY 13c. CITY OR TO	ADMISSION)	13e. STREET ADDRESS	
. F.	ATHER'S NAME	MIDDLE BUST	15. MOTHER'S MAID		LAST
5a. \	WAS DECEASED EVER IN U.S. A YES, NO, OR UNKNOWN) (IF YES, G		CURITY NO. 17 INFORMANT Aberdeen	Md. KNEKENI Blair 3603 C	Blair XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	/	DEANARY HE	art bijeal	APPROXIMATE INTERV
	Canditians, if any, whi	DIATE CAUSE (a). DUE TO, OR AS A CONSEQU		renali	
	gave rise to immedia cause (a) stating the <u>under</u> lying cause last.	ate (b)	HILVE		
		(c)ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE OR CONDITION GIVEN IN P	ART 1 (a).	
O	The second second second				26. AUTOPSY?
CATI	196. DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED?		70. AUTOPST?
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	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE O	21b. TIME OF INJURY HOUR A.M. MONTH DAY DF DEATH P.M.	YEAR 21c. HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITE	YES NO
MEDICAL CERTIFICATI	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE O	21b. TIME OF INJURY	YEAR 21c. HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITE	YES NO
	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE O	21b. TIME OF INJURY HOUR A.M. MONTH DAY DF DEATH P.M. 21b. PLACE OF INJURY (ATH	YEAR 216. HOW INJURY OCCURR 19 HOME. 21f LOCATION STREET	CITY OR TOWN	YES NO
	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE O	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (ATH STREET, FACTORY, FARM, ETC.)	YEAR 19 19 19 100ME. 211 LOCATION STREET Id an Autapsy , Inspectic Suicide , Hamicide ,	CITY OR TOWN	YES NO COUNTY S and in my apinian
	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE O	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (ATH STREET, FACTORY, FARM, ETC.) arge of the remains described above, hel	YEAR 19 19 10ME. 21f LOCATION STREET 1d an Autapsy , Inspection	an . Inquiry .	YES NO COUNTY SI and in my apinian
	21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that I taak chedeath resulted fram:	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (ATH STREET, FACTORY, FARM, ETC.) arge of the remains described above, hel	YEAR 19 19 10ME. 21f LOCATION STREET 1d an Autapsy , Inspectic Suicide , Hamicide , TITLE (SPECIFY)	an A Inquiry , Undetermined manner [YES NO N
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			STATE OF MARYLAND	
2	1-	FOR Charles Shapley F REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 4 5 0
0	1. DE	CEASED NAME FIRST	MIDDLE LASTA ZO. DATE KNOWN RO MON	NTH DAY YEAR 25. HOUR
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# 50 P	3. SE)	(RACE)	TATE OF BIRTH 6 AGE TO SEE IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS AND PRONOLINGED	TH DAY YEAR 26. HOUR
Z 186	1	nale white	MONTH DAY YEAR LAST WITH DAY MONTHS DAYS HOURS MIN PRONOUNCED DEAD	4-201980 909 M
S FOR WITHIN	7a. BI	RTHPLACE (STATE OR 7E REIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	
W. PREST	1	naryland	U.S.A. WIDOWED DIVORCED HARFON	ed Co. MD.
RECORDS, 301 W. I	10. CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORKING LIFE)	ORK 12b. KIND OF BUSINESS OR INDUSTRY
S, S	1-1	ALL-STON	FALLSTON GENERAL HOSP JUDGE	LEGAL.
RECORDS.	USUA 13a. S	TATE 1136, COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. STREET ADDRESS	TED CTS.
	1	ND HARF	FORD DARLINGTON YES NO & 2030 CASLETO	NRD
\$20	14. FA	THER'S NAME	NOTHER'S MAIDEN NAME	LAST
		Charles E	dward Blair BEUlAh	Gibson
DIVISION OF	(Y	VAS DECEASED EVER IN U.S. ARMEI	OR DATES)	leton Road
ISIC	4	15 - Amy Nov. 53 -	HOV. 55 220-24-0072 Mrs. Opal W. Blage Barlington,	maryland 21034
DIVISION		18. CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B)	ne cause per line far (a), (b), and (g) 1 - AVVa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E Z Z		// IMMEDIATE (
BURIAL-TRANSIT PERMIT. AND MENTAL HYGIENE, D DN, OR REMOVAL.		410-	DUE TO, OR AS A CONSEQUENCE OF	
APLY		Canditians, if any, which gave rise to immediate	1 Monte Myocardian Intarction	
RENT		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
O. O.		Tyling coose last.	(c)	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).	
REW.	MEDICAL CERTIFICATION	19s. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
#2	IFIC			YES NO X
URI	ERT	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 O	
0 5	ALC	UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	
OR	DIC	21d. INJURY OCCURRED	TH P.M. 19 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	
	W	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
24		AT WORK AT WORK		
		22a. I certify that I taak charge o	the remains described above, held an Autopsy , Inspection Inquiry and in m	y apinian
Z Z		death resulted fram: Natural o	auses . , Accident . , Suicide . , Hamicide Undetermined manner . ,	1.1.1.
ARY		ACTUAL Willh	TITLE (SPECIFY)	1/21/90
E, X		SIGNATURE	M.D. AZM DE MEDICAL EXAMINER	SNED 4 100
MOR		EXAMINER'S NAME WILL (TYPE OR PRINT)	and R. Amoss 2404 Pleasantiille K	Ed Fillsta Mil
BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL,	22. 5		ADDRESS AT THE TOTAL THE T	M. John M. Jak
(80	_ (S	PECIFY)	CITYORTOWN	COUNTY STATE
-			- Wi Broadway & Williams St. 250 DATE RECD. BY REGISTRAR 256, REGISTRAR	The state of the s
5))	35	INERAL DIRECTOR AM FOSTER	ADDRESS	book .
,		Joseph Tola	BELAIC Maisland 21014 APR 2 3 1980 Reinford	The state of





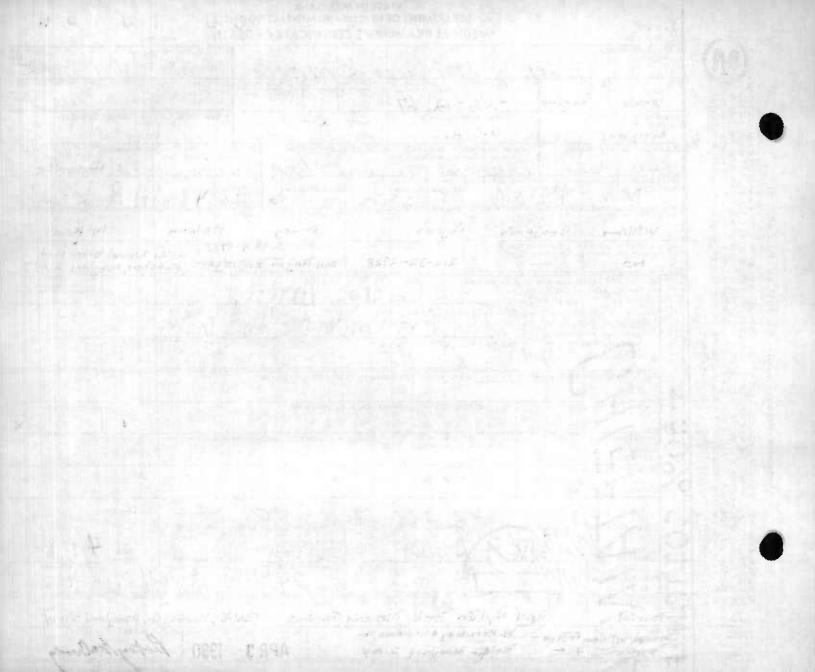
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED FUNERAL DIFECTOR 5 FOR YOUR HEST 5, WITHIN 72 HOLES 6. 19 SEX 4. RACE AGE (IN YEARS | IF UNDER TYR DATE OF BIRTH IF UNDER 24 HRS 7d. HOUR 20. DATE DAY LAST BIRTHDAY PRONOUNCED DEAD 80 YRS 19 TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED FILED, 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY **BE** U.S. Gov! t SHOULD BI USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES [NO K VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 5ES 1. MIDDLE LAST MIDDLE LAST AND Drake Tobias Gladi 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO INFORMANT ADDRESS DIVISION Aberdeen. Md. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) PAGES 819 Mathews 219-32-8946 No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AL EXAMINER ALONG V BURIAL-TRANSIT PERMIT. PART! DEATH WAS CAUSED BY HYGIENE, IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying couse last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) HEALTH , CERTIFICATION USED 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF PRIOR TO BURIAL, OF YES NO [210. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 711. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE STATE C TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P, AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 220. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted fram Natural causes Accident Suicide Hamicide Undetermined manner ACTUAL alleance ST EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23g.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Apr. 1980 Burial Harford Mem. Gardens Aberdeen, R.D., Harford Md. BP. 24. FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 75b. REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) Tarring Funeral Home . P. A. . Aberdeen . Md. 21001 15M 7/77

Billion Court, Bully Calledon Conserved Long Problem | 1842. con Education Laboration Tarring Tomografic Born, 7.1., Addition, 50, e120 I make at the

	1			STATE OF MARYLAN		
	7	1-	ATE	ARTMENT OF HEALTH AND MI		0 4 5 3
	960	l'	GISTRAR	AL EXAMINER'S CERTIFIC	REO. ITO.	9 , 4 4
	(MI)		ASED NAME FIRST MILE	DLE	20. DATE KNOWN	MONTH DAY YEAR 25. HOUR
	1.17	,,,,	JOHN DI	TUID BOX	JES DEATH MATED	4 / 10 8019 PM
	A 5 E 5 E	3 SE	4. RACE S. DATE OF BIRTH		IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 2d. HOUR
	DIRE DUR 72 F		7 13 5 18	7.5 YRS. MONTHS DAYS	HOURS MIN. PRONOUNCED DEAD	4 / 108095
-	SSA RAL HIN FESTO		HPLACE (STATE OR 75. CITIZEN OF WHAT		9. BALTIMORE CITY OR	COUNTY OF DEATH
	S NECESSARY, PLEA FUNERAL DIRECTOR 5 FOR YOUR FILE D, WITHIN 72 HO W, PRESTON STREE		ENHA. U.S.	WIDOWED [DIVORCED HARF	ORD MO
	HE FU	10 C		L, NURSING HOME, OR OTHER INSTITU	TION 120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	
	21201 IF ANY DELAY IS NOT THE FORM OF THE	F	4STON FALLSTO	NGENERAL HO	SPITAL LABORER	. OKINDOSIKI
	AB. 21201 EATH. IF ANY DEI S. 1, 2, AND 3 TO D. 2 SHOULD BE VUAL RECORDS,	USU 13a. S	RESIDENCE (IF IN NURSING HE OR OTHER INSTITUTION, GIVE RESIDENCE (IF IN NURSING HE)	CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e STREET APPRESS	N ()
	21201 IF ANY 2, AND 3. RETA SHOULD I RECOR		A YORK	De TO YES -	NO B KD , B	DX 6 or
	D I . N A	14. F	HER'S NAME		ER'S MAIDEN NAME	LAST
	DEATH. DEATH. GES 1, M PM AND 2 DE VUA		W. FRANKLIN BOI	IES	H. CINDERELLA	STEWART
	TTIMORE, AFTER DE WE PAGE WE PAGE SION OF	160.	NO. OR UNKNOWN! LIEVES GIVE WAR OR DATES!	SOCIAL SECURITY NO. 17. INFORM		
	BALTIMORE, UNS AFTER DE B. GIVE PAGE: WITH FORM PAGES 1 AND DIVISION OF		NES (IF YES GIVE WAR OR DATES)	66-12-4745 ADA	R. BONES, RD. 1;	DELTA, PA.
	00		8. CAUSE OF DEATH (Enter only one couse per line for	a) (b), and (c) ~ M		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DI W. PRESTON ST., E TED WITHIN 24 HOU TED WITHIN 24 HOU TED WITHIN 24 HOU TEM NIEW ALONG IV TELINAL STERMIT. THELINAL HYGIENE, D OR REMOVAL.		PART I DEATH WAS CAUSED BY:	(, Staise HAX.	(2)	BETWEEN ONSE! AND DEATH
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	UTED WITHIN IN PERCIL IN EXAMINER A RIAL-TRANSIT OR REMOVAL.		Conditions, if ony, which gove rise to immediate (b)	TA tex10 2 c/6 KODIC	ARBLU UISDASS	
	W. PI D WII AMIN TRAF ENTA REMC		couse (a) stoting the under-	CONSEQUENCE OF		
	5, 301 W. PREST ECUTED WITHIN 3" IN PENCIL IN 4" AS BURAL-TRANISIT AND MENTAL HY DN, OR REMOVAL		lying couse last.			
	BOUSSION OF VITAL RECORDS, 301 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 74 HC RITING THE WORD "PENDING" IN PENCIL IN ITEM. RDED TO THE CHIEF MEDICAL EXAMINER ALONG E. 3 SHOULD BE USED AS A BURBALTRANSIT PERMI E DEPARTMENT OF HEALTH AND MENTAL HYGIENE PRIOR TO BURBAL, CREMATION, OR REMOVAL.		ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 1 (a).	
	RECORDS JID BE EXE PENDING FF MEDING FF M	NO NO				
	TAL RECO	CERTIFICATION	90. DATE OF OPERATION 196. CONDITION	FOR WHICH OPERATION WAS PERFOR	MED?	20. AUTOPSY?
	VITAL R E SHOULI VORD "PI E CHIEF BE USED VI OF HE IRIAL, CR	E				YES NO
	OF VI THE S THE AENT BURL	E E	In EXTERNAL CAUSE WAS 21b. TIME OF INJ	JRY 21c. HOW INJURY	OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
	SION OF RTIFICATI IG THE W TO THE SHOULD PARTMEN OR TO BU	₹ S	ONTRIBUTING CAUSE OF DEATH P.M.	19		
	CERTIFICATE SHOTING THE WRD DEED TO THE CH SI SHOULD BE UDEPARTMENT OF PRIOR TO BURIAL.	MEDICAL	Id. INJURY OCCURRED 71e. PLACE OF IN STREET, FACTORY,		CITY OR TOWN	COUNTY STATE
	MRII WRII WRII ARE AGE AGE ATE	2	WHILE NOT WHILE STREET, FACTORY,		2	COOMIT
	DIVIS THIS CER ATE, WRITING FORWARDED OR: PAGE 3 HE STATE DEP D, 21201 PRIC		220. I certify that I took charge of the remains describe	d abave, held an Autopsy	Inspection Inquiry ond	in my opinion
	EXAMINER CERTIFICATI ULD BE FOI DIRECTOR: WITH THE			dent . Suicide . Homic		in my opinion
	CAM CAM D B D B NITH RYLA	1	11/2/1	TITLE (SI		1/2/07
	ICAL EXAMINE TITHE CERTIFICA SHOULD BE FERAL DIRECTO EATH, WITH THE RE, MARYLAND		IGNATURE // UMM / / Km	MO PUTT	MEDICAL EXAMINER	DATE SIGNED
	SH S		Will DA		201011 DI	ni clii
	FILM FILM OF THE PROPERTY OF T		XAMINER'S NAME VIII DY A K	MOSS ADDRESS	2404 PICASSMIVIII	Ka Falson IVI
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CETTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRINCE AND AFTER DEATH.	23a, B	IAL, CREMATION, REMOVAL 236. DATE	23c. NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION	COUNTY
	BP		BURIAL 4-5-80	MT. OLIVE	SUHHYBURH	COUNTY STATE PA.
	DHMH - 17	24. F	TERAL DIRECTOR ADDRESS		250. DATE REC'D. BY REGISTRAR 25 REQIST	TRAR'S SIGNATURE
	(VR A15 ME (5)) 15M 7/77	1	OHN H. HARKINS, DE	ELTA, PA.	APR 7 1980 May	7"

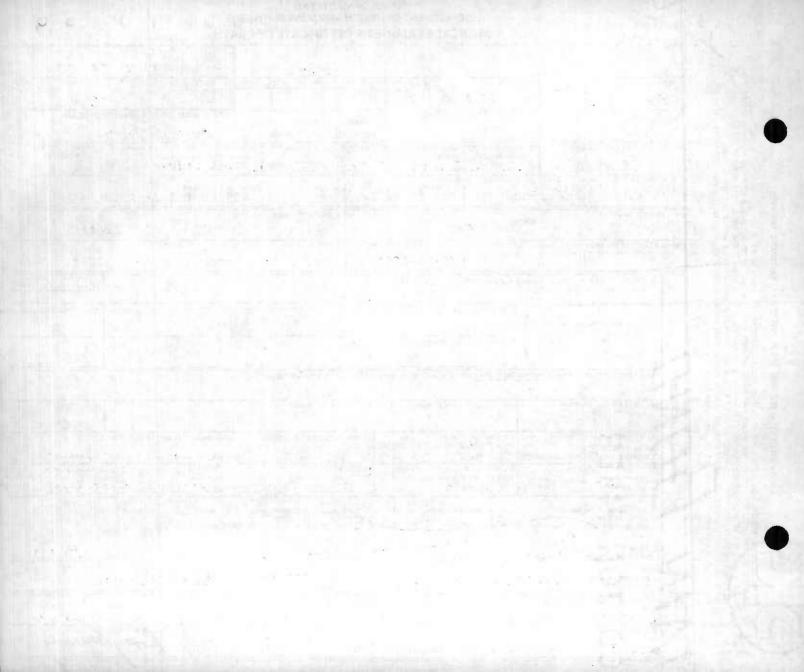
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					STATE OF MARYLAND	9	es a
1		1-	FOR STATE	DEPARTME	NT OF HEALTH AND MEN	TAL HYGIENE	0 4 5 4
70	-		REGISTRAR	MEDICAL EX	AMINER'S CERTIFICA	TE OF DEATH REG. I	NO.
-	(na)		CEASED NAME FIRST	WIDDIE	LAST	28. DATE KNOWN	MONTH DAY YEAR 76. HOUR
	TEM	(TY	E OR PRINT!	th 11000	2-51 R - 100	OF ESTI- DEATH MATED	0 4 · 1 1980 255 M
		3. SE.	(4. RACE	5. DATE OF BIRTH	GE (IN YEARS IF UNDER 1 YR. IF	900	MONTH DAY YEAR 20, HOUR
,	STA		- 0 .	MONTH DAY YEAR		OURS MIN. PRONOUNCED	/ Jungan
	ARY ON ON		Zernale Caucasian	6-36-12	67 YRS.	DEAD	7 1980 13 M
	CESSARY, NERAL DIR FOR YOU VITHIN 72 PRESTON	7a. 8	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED M NEVER	MARRIED . 9. BALTIMORE CITY	OR COUNTY OF DEATH
			Virryland	U.S. A.	WIDOWED D	DIVORCED [Aptora MD.
	2 2 U U	10. €	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME, OR OTHER INSTITUTIO	N 120. USUAL OCCUPATION	1170-KIND OF BUSINESS
	PAG 3	. Z	ALLSTON)	(IF NOT IN SUCH FACILITY, GIVE STREET	1/	FOR MOST OF WORKING LIFE)	OR INDUSTRY Houseville
	ANY DEL AND 3 TO RETAIN P HOULD BE RECORDS	ÚSÚ.		PROTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSIONI	St anempro	CEA HOUSEUTHE
5	AND AND COULD SELAND	13a. S	TATE 136. EQUN	IYC A 13c CITY PA	TOWN 13d INSIDE CITY L		12 12 12 12
21201	SHO SHO		1, 00 09	MOIN 1 +91		NO 8 9-1911	LEI THOK WOOD
	PM 3. VD 2 S	14. F.	ATHER'S NAME	MIDDLE LAST	TZQL3	MAIDEN NAME	LAST
BALTIMORE, MD.	R DEATH.	1	William BEN	immin Hyres	MA	ry HELENA	MCKEE
ő		16a. \	VAS DECEASED EVER IN U.S. AR	AED FORCES? 16b. SOCIAL		N(Sa) 879-8955 ADDRE	SS 15 1
N N	B. GIVE PA WITH FOR WITH FOR T. PAGES 1 DIVISION	(,	NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	2-2928 ME RO	4 J. BriNEGAT 2521	1
BAL	URS AF WITH WITH DIVISIO					2 - Prince Ju. Halls	APPROXIMATE INTERVAL
	18. J. V. I.		PART I DEATH WAS CAUSES	ly one couse per line for (a), (b), are b BY:	A. 11 A. 113/	toot	BETWEEN ONSET AND DEATH
Z	N 24 HO VITEM 1 ALONG T PERMIT YGIENE,		IMMEDIA	E CAUSE (o)	Tax diac HX	1631	
STO	HYG AL.		4140	DUE TO, OR AS A CONSE	1 0 1 1	allowed homes	
×	UTED WITHIN IN PENCIL IN EXAMINER A HALTRANSIT MENTAL HYOOR REMOVAL		Canditions, if any, which gove rise to immediate	(b)	rterioscieron	ic Well a Marga	Y
3	REVIEW W		couse (a) stoting the under-	DUE TO, OR AS A CONSEC	DUENCE OF		
301 W. PRESTON ST.,	m a Z Z Z X		lying cause lost.	(4)			
s, 3	BUN N.		PART 2 OTHER SIGNIFICANT CONDITIONS	(C)	D THE TERMINAL DISEASE OR CONDITION GIV	OFFI IN BARY 1	
DIVISION OF VITAL RECORDS,	SHOULD BE EXECUT RD "PENDING" IN CHIEF MEDICAL E) E USED AS A BURIX OF HEAITH AND A IAI, CREMATION, O	z		DOT HOT RELATED	IN THE TERMINAL DISEASE DE CORDITION GIS	PEN IN PART I (d).	
ü	EAL AND	MEDICAL CERTIFICATION	198. DATE OF OPERATION	List constitution for the	CIL OPERATIONAL VIVA PERFORME		
2	SHOULD DRD "PEI CHIEF A E USED T OF HEA	2	174. DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATION WAS PERFORMED	D?	20. AUTOPSY?
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Z	THE TO THE HOULE	¥.	UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH P.M.	19		
1SIC		ě	21d. INJURY OCCURRED	21e PLACE OF INJURY (A	THOME, 21f. LOCATION		
NO NO	WARDED WARDED PAGE 3 STATE DEP	3	WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	R: THIS C FE, WRIT SRWARD PAGE STATE I		AT WORK AT WORK			A	
	LER: TATE, FOR: FOR: FOR: PUES:	100	220. I certify that I took charg	e of the remains described above,	neld on Autopsy , In	spection Inquity	and in my opinion
	A STATE OF THE STA		death resulted from North	al country (Actident	, Suicide , Hamicide	Undetermined manner	
	KAN ERT ERT WITE		1/1/1/	12 / / h	TITLE (SPEC	CIFY)	#1/2/00
	MAA.		SIGNATURE / VW I	MATHOR	O Bellow	e D	DATE SIGNED
	SH S	1	1./11		M.U. I	MEDICAL EXAMINER	SIGNED
	NO W	NAME.	EXAMINER'S NAME	and P. Mmoss	2	404Pless mtville	1 +Jem M1 21047
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: 9 AFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21:	22 0	(TYPE OR PRINT) VY11		ADDRESS ADDRESS	121100011111111	, ionalor in the lot
	F M G F ≪ 80	230.8	URIAL, CREMATION, REMOVAL 2	0 1000	E OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
	BP	01.5			hir MEmorial Gardens		by Maryland 21014
	DHMH - 17	7	UNERAL DIRECTOR	_ WiBronduray & Co			SISTRAR'S SIGNATURE
	(VR A15 ME (5)) 15M7/77	C	mereville Frate	BEILFIR MARyland		APR 7 1980 /	often Ma Cready



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STATE OF MARYLAND



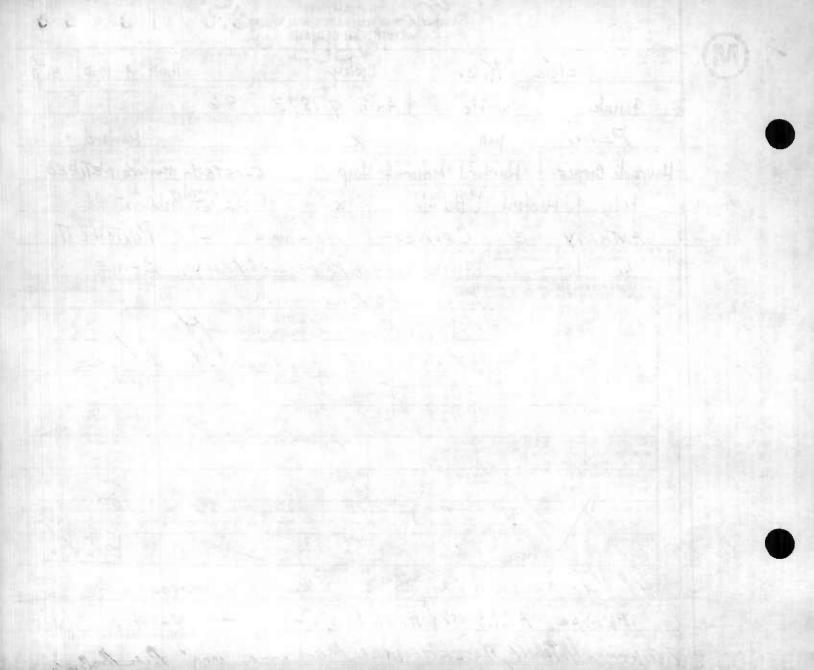
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DHMH-16 25M (VRA 15, 4) 1/79

1 -	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 4 5 0
1. DECI	EASED NAME FRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26, HOUR
	OR BRILLING	160	Maday	No. 1	1
	Elsie	11,01	Cooley	Hpril	4 1980 9
3 SEX	4	RACE	DATE OF BIRTH V	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
	Female	white	Aug. 9 1893	86 YRS	
		CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUN	
COL	PENN,	luch .	MARRIED NEVER MARRIED		Howland
10 CIT		NAME OF HOSPITAL, NURSING	WIDOWED TO DIVORCED DIVORCED	12e. USUAL OCCUPATION	126 KIND OF BUSINES
11	TOR TOWN OF BEATH	(IF NOT IN SUCH FACILITY, GIVE STREET AD		(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY_
LHA	ure de Caract	Hartond Memor	ial Hosp	CARETERIA MANY	WELLRED
USUAL 13a ST	L RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE A	DMISSION) 1134 INSIDE CITY LIMITS?	13r. STREET ADDRESS	
150.51	Md. Han	1 // / / / /	YES THE CITY LIMITS!	122 W. Bell	net Ol
14 FAT	THER'S NAME	pra 1 pullir	15. MOTHER'S MAIDEN NA	1000	121 14.
1	FIRST MID		FIRST	MIDDLE I	TALLIAST IT
	ANTHUNY	E CROWE			PHEHEI
16s W/	AS DECEASED EVER IN U.S. ARME IS, NO OR UNKNOWN) (IF YES, GIVE WA		TY NO. 17 INFORMANT	ADDRESS	
(100	1/1	213-36-9	0 44 M. KATHERINI	ECIMELLIV: 5	LINE
	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	NOTITIONS CONTRIBUTING TO DE	CE OF ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION C	GIVEN IN PART 1(a)
CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH
8	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM I	
1 4	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
		* 3771.			
ĕ	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
MEDIC	214 INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR		CITY OR TOWN	COUNTY STA
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FAR		CITY OR TOWN	100
	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AS WORK 22a I certify than (this haspited	(AT HOME, STREET, FACTORY, OFFICE, FAR	M, ETC.] STREET		, 19 80 , that (I) (w
	WHILE NOT WHILE AT WORK	attended the decased fram	M, ETC.] STREET	CITY OR TOWN	, 19 80 , that (I) (w
	21d INJURY OCCURRED WHILE NOT WHILE AL WORK 220 I certify that this haspiter saw the deceased alive on A	attended the decased fram	M, ETC.] STREET		, 19 80 , that (I) (w
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 L certify that (this haspital saw the decepsed alive of above, (i) [we] (this) (day not).	attended the decased fram	m, etc.) STREET 19 , and that in (my) (aur) apinian DEGREE ATTENDING	death accurred on the date and h	, 19 , that (I) (w
	21d INJURY OCCURRED WHILE NOT WHILE A WORK 22a I certify that It (this haspited saw the deceased alive of above, (I) I we I did (did not) y 22b. SIGNATURE	attended the deceased from 19 20 week the bady ofter death.	m, etc.) Jand that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	. to H	, 19 , that (I) (w
	21d INJURY OCCURRED WHILE NOT WHILE A WORK 22a I certify than a this haspiter saw the deceased alive on above. (I) We (did) (did not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PR	attended the deceased from 19 20 week the bady ofter death.	m, etc.) STREET 19 , and that in (my) (aur) apinian DEGREE ATTENDING	death accurred on the date and h	aur and from the causes state 22c, D. J. Signe D.
23e BU	21d INJURY OCCURRED WHILE NOT WHILE AWORK 22a I certify than I (this haspiter saw the decepsed alive on above, (I) We (did) (did not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PE	attended the decased from 19 19 11 11 11 11 11 11 11 11 11 11 11	, and that in (my) (aur.) apinian DEGREE ATTENDING PHYSICIAN 224 ADDRESS	MEDICAL STAFF JOTRECTOR PHYSICIAN AND HAVE 1234 LOCATION	avr and from the causes state 22c, DAN SIGNED.
23e BU	21d INJURY OCCURRED WHILE NOT WHILE A WORK 220 I Certify that I (this haspiter saw the decepted alive of above, (I) (we) (did) (dig not) v 226. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PR	ottended the decased fram ottended the decased fram ive the bady ofter death. RINT! 236. DATE 236. NA	DEGREE ATTENDING PHYSICIAN 220 ADDRESS ADDRESS ADDRESS	death accurred on the date and h MEDICAL STAFF MEDICAL STAFF PHYSICIAN AVE HAVE 23d. LOCATION LITTOR TOWN	aur and from the causes state 22c, D. S.

STATE OF MARYLAND



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					TATE OF MARYLAND		
	6	1.	FOR STATE	DEPARTMENT	OF HEALTH AND MENTAL I	TYGIENE	0 4 6 0
-	1.1		REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE O	OF DEATH REG. NO	D
M) ******	T. DE	CEASED NAME FIRST	MARTIN	Collum	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26. HOUR
	APT, PLEA COUR FACE V 72 HOU ON STREE	3. SE)	M 1. RACE		IN YEARS IF UNDER 1 YR. IF UNDER THOAY) MONTHS DAYS HOURS	R 24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH DAY YEAR 2d HOUR
9	MERKA POR WITHIN	7a. BI	RTHPLACE (STATE OR REIGN COUNTY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARR	RIED 🔲	CFORD MD
	O O CHE	10.0	Aberdeen	II. NAME OF HOSPITAL, NURSING H	PE ST.	120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	E OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Various
21201	ANY D AND 3 RETAIN HOULD PECOND	13a. S	L RESIDENCE (IF IN NURSING HOME OF TATE 13b COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD.	MISSION) 13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	5 Parke St.
	RAND 2 SOFTIAL	14. F/	MARCHAN STAND	MIDDLE COU	UM 15. MOTHER'S MAID	EN NAME Knelling	er Cathan
, BALTIMORE, MD.	B. GIVE PAGE WITH FORM T. PAGES 1 AN DIVISION OF	16a. V	(AS DECEASED EVER IN U.S. ARA S, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES) 16b. SOCIAL SECTOR (1997)	JRITY NO. 17. INFORMANT A.B.	ERAEEN	POCICE
	N 24 HOURS TIEM 1B. C ALONG WI PERMIT. PV YGIENE, DIV		PART I DEATH WAS CAUSED	ly ane cause per line far (a), (b), and (c). D BY: TE CAUSE (a) CAR	TO RESPHA	TORY FAIL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST			Canditians, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUEN	AS CVA		
301 W.	ECUTED WITHIN 5" IN PENCIL IN AL EXAMINER A BURIAL-TRANSIT IND MENTAL HY		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUEN	CE OF		
CORDS	"PENDING" IN "PENDING" IN EF MEDICAL E SED AS A BURI HEALTH AND CREMATION, C	N O	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PA	IRT 1 (a).	
ITAL RE	おおまった うっく	CERTIFICATION	196. DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATION WAS PERFORMED?		20. AUTOPSY?
DIVISION OF VITAL RECORDS,	CERTIFICATE SHOTING THE WORD DED TO THE CH IS 3 SHOULD BE UDEPARTMENT OF PRIOR TO BURIAL,		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		/EAR	ED LENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 2)
DIVISIO	R: THIS CERTING TE, WRITING SRWARDED T PAGE 3 SH STATE DEPA 21201 PRIOR	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)	E. 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	INER: THE CATE, VER FORW, TOR: PATHE STATE ND, 2120		22a. I certify that I taak charg	e af the remains described abave, held a			d in my apinian
0	E CERTIF DULD BE L DIRECT H, WITH		ACTUAL	al causes Accident .	Suicide Hamicide	Undetermined manner	DATE 4-8-80
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE AGGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHITMORE, MARYLAND, 2		EXAMINER'S NAME (TYPE OR PRINT)	West Alla	LENJET HAV	The do Su	SIGNED TO
	EXEC PAGI TO P AFTE BALT	23a.B	JRIAL, CREMATION, REMOVAL	3b. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	BP		Burial 1	11 Apr. 1980 Calvar	y United Methodis	A Champhreillo D	Innfand Mamrland
	DHMH - 17 (VR A15 ME (5))	24. FI	INERAL DIRECTOR	ADDRESS	250. DATE	REC'D. BY REGISTRAR 25b. REGI	SPRAR'S SIGNATURE
	15M 7/77	T	rring Funeral	Iome PA Aberdeen	Md. 21001	APR 1 4 198D	

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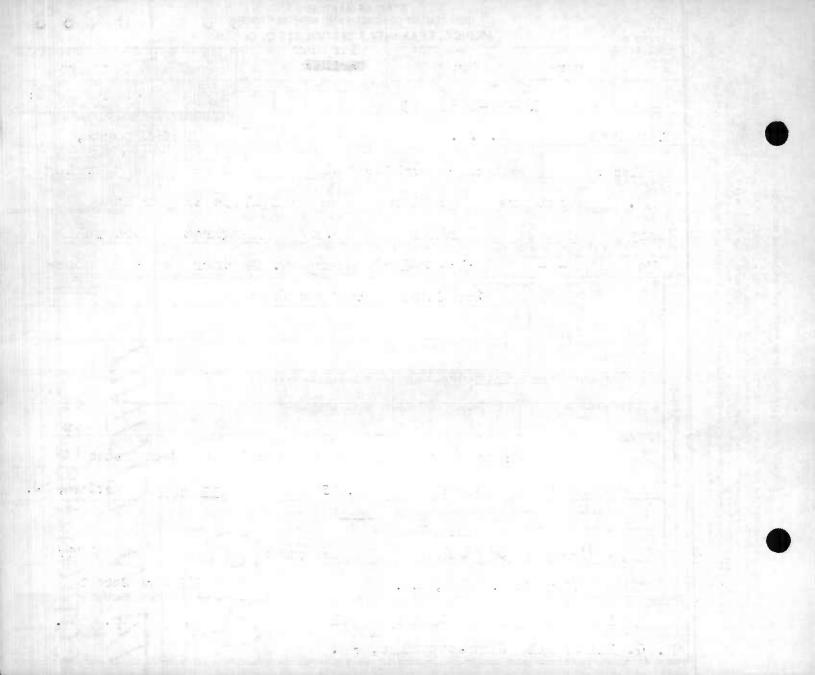
	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	46
	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	ECEASED NAME YPE OR PRINT)	Nina WDDLE Loretta Eischelberger 20. DATE KNOWN OF ESTI-	14 4 19 80 750 M
3. SE	Female Cauc	A DATE C BIRTH I A DE (INYEARS IF UNDER 1 YR. 1F UNDER 24 HRS. 2c. DATE MONI THOAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	H DAY YEAR 2d HOUR
5 6	BIRTHPLACE (STATEOR OREIGN COUNTRY) Vest Virginia	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY 9.	INTY OF DEATH MD.
A E	Fallston	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT INSUCH FACULTY, GIVE STREET ADDRESS) Fallston General Hospital Housewife	OR INDUSTRY
130.	STATE Md 1381 COUNT	tord Priesville YES NO 1 42206	raceton Rd.
2	Clithero	Buber Olive	Murray
110	WAS DECEASED EVER IN U.S. ARA YES, NO, OR UNKNOWN) (IF YES, GIVE V	AED FORCES? WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT 4228 CT&Cet 215-18-2822 Patricia Hicks- Pylesv	
	PART I DEATH WAS CAUSED	y one cause per line for (a), (b), and (c).) Cardiac Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (o) stating the <u>underlying cause last</u> .	(b) Hrerio scleratic Heart Disease Due to, or as a consequence of (c)	
NO	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IH PART 1 (a).	
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
	death resulted fram: Natur	e of the remains described above, held on Autopsy . Inspection Inquiry , and in my ol causes . Accident . Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY)	11/2/20
2	ACTUAL SIGNATURE WWW. SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	M.D. ASTOLOGIA MEDICAL EXAMINER SIC	Rd, Felkton M.
23a.	BURIAL, CREMATION, REMOVAL 2 (SPECIFY)	CITY OR TOWN	OUNTY STATE
24	Burial	4/8/80 Oak Lawn Cemetery Baltimore	Maryland
24.	FUNERAL DIRECTOR DUCA - 1 7922 Wise Av	venue, Dundalk, MD 21222 APR 1 0 1980	y Molrody
	1922 Wise A	venue, Dundark, MD 21222 MPK 1 0 1300	/ /

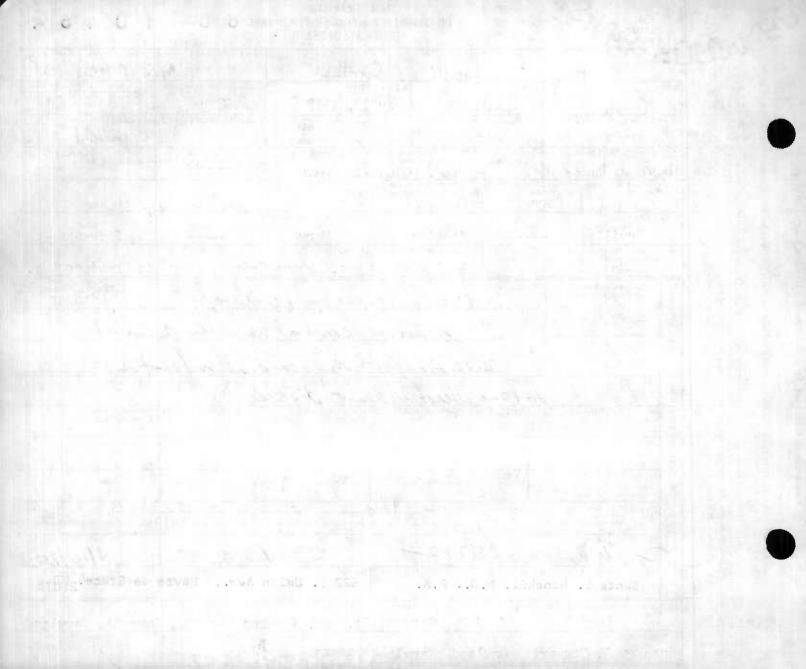
STATE OF MARTLAND

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. 6	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF U 1 U 4 O Z CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME FIRST	MIDDLE	LAST	2R DATE OF DEATH MONTH	DAY YEAR 25. HOUR					
75	TYP	Jah	ies Leo	Fifer	April	15 1980 10Pm					
30	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST RIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
100		Male	white	12 26 1897	82 YRS.	MONTHS DAYS HOURS MIN.					
3/8/1/		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OF COUNT	Y OF DEATH					
67	1	New York	TISA	WIDOWED DIVORCED		Hartord Mo.					
1 2/7	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12R USUAL OCCUPATION	12h. KIND OF BUSINESS OR					
A16	11	was de Course	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKING L	77 0 4					
3	USU	AL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	MORIAL HUSP	Military	U.S. Army					
BE	13a	STATE 136 COL		WN 134 INSIDE CITY LIMITS?	13. STREET ADDRESS Darli	xaton the					
10	14. F.	THER'S NAME		15. MOTHER'S MAIDEN N		4					
1/2/		Edward	Fifer	Cecklia	WIDDLE	McCormick					
18-		VAS DECEASED EVER IN U.S. A	RMED FORCES? 1166 SOCIAL SEC		ADDRESS	NGO OT MILLOR					
1 1			NE WAR OR DATES)	9754 Buth E Fife	000 5 74						
1 1				THE STATE OF THE S	r,208 Darlington						
100		PART I. DEATH WAS CAUS	only one couse per line (of (a), (b), a	DERPAID.	FA TIL	BETWEEN ONSET AND DEATH					
1 1			ATE CAUSE (0)	COKAL	C/7 (/7						
0 4		4275	DUE TO, OR AS A CONSTO	JENCE OF . PO A . I							
4 B		Conditions, if any, which	(16) Tear	mic DKMN							
E E		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSER	IENCE OF	^ -						
0 5	1	underlying couse lost	(a Card	20 w monay	wint						
bur		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE AER	RMINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)					
o >	S	1 / houm	o though								
prior ws an	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED		S, WERE FINDINGS USED					
shows	ĬĔ					FYING CAUSES OF DEATH?					
7 6	1 🖺	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	JRRED JENTER NATURE OF ANJURY IN ITEM 18.						
Item H	_	OR CONTRIBUTING CAUSE OF D	CAIN	DAY YEAR							
- o	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	R) P.M. 21R PLACE OF INJURY	211 LOCATION							
th and M	WE	WHILE O NOT WHILE O	IAT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE					
	1	AT WORK AT WORK			A 1	70					
Heal 21 is	1		pital) attended the deceased from	(1)		. 19.50 , that (I) (we) last					
	10	saw the deceased alive a obove, (1) (we) (did) (did r	not) view the bady after death.	ond that in (my) (our) opinio	in death occurred an the date and ha	ur and from the causes stated					
should be detached for with the State Dept. of IMPORTANT: If Item		22N SIGNATURE		DEGREE		226. DATE SIGNED					
te [T:		Handen, 1	mahrem	7 ATTENDING	MEDICAL STAFF	4/6/6					
Sta	1	116. PHYSICIAN'S NAME (TYPE	OR PRINT)	22R ADDRESS		10 110					
should be detaing the State		DANTI	W. MONA	KIU /22 S	Mr. m. All	17mu di Gra					
IMP -	22.	PUBLIC CREMATION PERSON	I International International	NAME OF CEMETERY OF CO.	124 IOCATION	John of July					
	230.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	Harford Md.					
	24.5	Burial	119 Apr. 1980 H	arford Mem. Garden	S Aberdeen, R.D.	, nariora ma.					
-16 25M		UNERAL DIRECTOR	ADDRESS		ATE REC'D. BY REGISTRAR 256. REGIS	if fry /Kalredy					
15, 4) 1/79	T	arring Funeral	Home, P.A., Aberd	een, Md. 21001	APR 2 2 1981	7,,,,,,,,,,					

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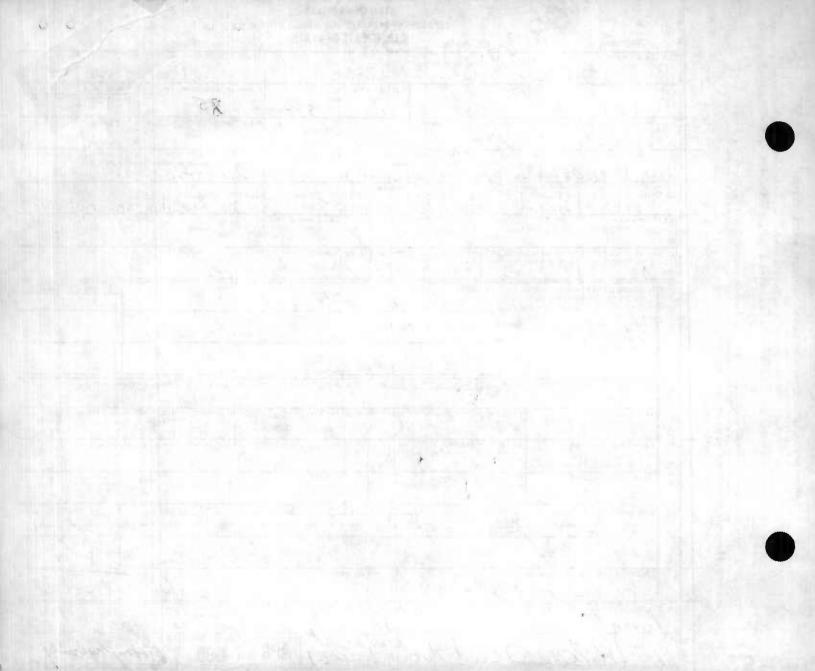


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1			1-	FOR STATE REGISTRAR	DEPARTN	10	9 6	ं हें								
pe .	NO.	9) DE	EASED NAME PRIST DAISE	MIDDLE G	Ğ	Lover	Δ	bul 18 1	YEAR 21	HOUR M					
age 4 may	3 SEX				Negro	5 DATE C		6 AGE (IN YEARS LAST BIRTH	AY) IF UNDI		FUNDER 24 HRS					
death. P	n 72 hour	150		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR	11.	arturd arturd						
ours after	by the fulled within	6	Ha	NR de CIVACE	HENOT INSUCHFACILITY, GIVE STREET,	(DDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) DOMEST, C								
hin 24 ho	should be fil	5	13a S	RESIDENCE (IF NURSING HOME OR OT TATE 13b, COUNTY	13c CITY OR TOW		134 INSIDE CUTY LIMITS? YES NO	13ª STREET ADDRESS	ution St.	Api	t. 101					
outed wit	d 2	20	14 FA	THER'S NAME FIRST MID	DLE LAST		15 MOTHER'S MAIDEN NAM	WE		LAST						
e pe exec	Pages 1 and t, the method	1		(IF YES, GIVE W.	AR OR DATES)	6753	PERCY HA	WKINS ADDRES	5							
sertificat	physicia papers. removal.			18 CAUSE OF DEATH (Enter only a PART I. DEATH WAS CAUSED E	BY / Q d	lici.	stade	fall		APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH					
requires that the death certificate	the attending move carbor emation, or other other trauma			Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSTITUTE	Con	oray in	-ffin	7							
uires that	igned by the please renter burial, cre			couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSECUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1(a)												
law requ	Ther for to		ICAL CERTIFICATION	TION	VION	VLION	PART 2 OTHER SIGNIFICANT COL				00		(ES, WERE FINDINGS USED			
IN: The	nsit permit. Hygiene prin 18 shows	9			196 CONDITION FOR WHICH	OPERATIO		YES NO	F DEATH?							
4YSICIA physicia	ial-transi fental Hy or Item	7		216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR	PART 2)						
ATTENDING PHYSICIAN: iital or attending physician.	After the burner thand Numer thand Numer thanked		MEDICA	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	Λ	211 LOCATION STREET	CITY OR TOWN		UNTY	STATE					
ATTEN pital or a	for use a for use a of Heal			270.1 certify that (1) (his tospital) arended the deceased from April 8 , 19 0 , to April 18 , 19 0 , that (1) (we) los sow the deceased have an April 18 , 19 0 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obaye. (1) (we) (d/d) (d/d) not vive the body after death.												
TO HOSPITAL OR A etained by the hospit	ERAL DIREC s detached for State Dept. of ANT: If Item			278. SIGNATORE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN												
O HOSPITAL	TO FUNER, should be de with the Starming IMPORTAN			22d. PHYSICIAN'S NAME LY PE OR PR	Ema M.	23	120 ADDRESS	on Ave H	49 Mc	121	078					
BP.			/	Sur g	236. DATE 23-80 236. N	1 -	Mes	23d. LOCATION SITY OF TOWN HAUVE De		Ma	1 STATE CONF.					
	MH-16 25M A 15, 4) 1/79		1	HAME WE BEARD I	117 Cecil Ave	Navi	21901 API	R 2 1 1980	// .	SIGNATUR						



1	FOR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE ()									
1,	- STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.									
	ECEASED NAME	E FIRST		MIDDLE		LAST	20. DATE KNOW		DAY YEAR	2b. HOUR		
L,	TYPE OR PRINT)	James		Nicholson	Но	ge	OF ESTI- DEATH MATE	0 4	8 1,80			
3. S	EX	4. RACÉ	5. DATE OF BIRTH	6. AGE (IN)	EARS IF UN	DER 1 YR. IF UNDER		MONTH	DAY YEAR	24 HOUR 6:22		
n	nale	white	January 9 -		YRS.	HS DAYS HOURS	MIN PRONOUNCED DEAD	4	8 10 80	0 0 22		
7a.	BIRTHPLACE IS	DVERLOW PARK	76. CITIZEN OF W	HAT COUNTRY?	8. MAPP	ED NEVER MARE	9. BALTIMORE CI	TY OR COUNT	TY OF DEATH			
	KANSA		u.s.	A.	WIDOW		CED Harford	Count;	У	MD		
10.	CITY OR TOWN	OF DEATH	HE NOT IN SHOME	SPITAL, NURSING HOA	1	IER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING LIFE	(TYPE OF WORK	12b. KIND OF BU OR INDUST	USINESS		
	Fallsto		Falls	ton Hospita	11		Chief Civilian	PETSONNE				
	UAL RESIDENCE STATE	(IF IN NURSING HOME OF		13c. CITY OR TOWN	SION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS					
1	MARYLAN	d HATTE	ord Co.	BELATE		YES NO 🗷	13e. STREET ADDRESS	роомн	ROAD			
4.	FATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAID	ANDDLE		LAST			
	Wilbur		,	HOSE		WALA	RAE		cholson			
160	(YES, NO, OR UNKNO	D EVER IN U.S. ARA		166. SOCIAL SECUR		17. INFORMANT	(E)836-7762 ADDI	RESS	end Bond			
	MO			513-34-3	164	Nos. Joy F			laryland 2	LIDIY		
	18. CAUSE O	F DEATH (Enter onl	y ane couse per line	for (a), (b), and (c).)	njuri	00			APPROXIMAT BETWEEN ONSE	ET AND DEATH		
	010	IMMEDIATE CAUSE (o)										
1	18/2	Canditions, if any, which										
	gove ris	gove rise to immediate (b)										
	lying cau		DUE TO, OF	AS A CONSEQUENCE	OF							
	2.50		(c)									
z		GNIFICANT CONDITIONS C	ONTRIBUTING TO GEATN	BUT NOT RELATED TO THE TEN	RMINAL DISEASI	E OR CONDITION GIVEN IN P	ART 1 (a),					
CERTIFICATION	190 DATE OF	OPERATION	TIRK CONDI	TION FOR WHICH OPE	PATIONIA	AS DEDECIDATED?			20. AUTOPSY	(2)		
2013	THE DAME OF	O'LKA'IOIV	178. COND	THOIST OR WITHCH OF	KATIOI W	AS PERI ORMED;						
1	210. EXTERNA	AL CAUSE WAS	21b. TIME O	FINJURY	71c H0	OW IN HIRY OCCUPE	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PA		NO 🗆		
		L CAUSE WAS	HOUR AND	KONTH DAY VE	40		uto/auto coll:		41			
MEDICAL	21d. INJURY C	NG CAUSE OF D	21e. PLACE	OF INJURY (AT HOME,		CATION	400/4400 00111.	-DIOH				
¥	WHILE C	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	MCPK	nail Rd.	Belair	Har	ford	Md.		
				AND THE PARTY OF	_							
-	10.00	226. I certify that I took change of the remains described above, held an Atopsy A, Inspection , Inquiry , and in my apinion										
	death resulte	ed fram: Nature	al govers L.J.	Accident LAN	uicid#	, Homicide	Undetermined manner	_1,				
1	ACTUAL	101	ADU .	ex 1505	1	TITLE (SPECIFY) Deputy Cl	hief	DATE	4/9/	80		
	SIGNATURE_	11		- W 1000	6			SIGNE	D			
10	EXAMINER'S (TYPE OR PRIN	NAME Tho	omas D. S	mith, M.D.			ll Penn St.					
230		TION, REMOVAL 23	b. DATE	23c, NAME OF C		R CREMATORY	23d, LOCATION					
-	(SPECIFY)	P	teril 11, 198			GAMENS	CITY OR TOWN	-d Con Ma	Argland 2	STATE		
24	FUNERAL DIREC	TOR	8.442	mondony a V		250. DATE	REC'D. BY REGISTRAR					
4	Davaleton N	Villiam Fos	ADDRES	Are Mamil	F har	APR	1 0 1980	fry M	alteredyn	,		

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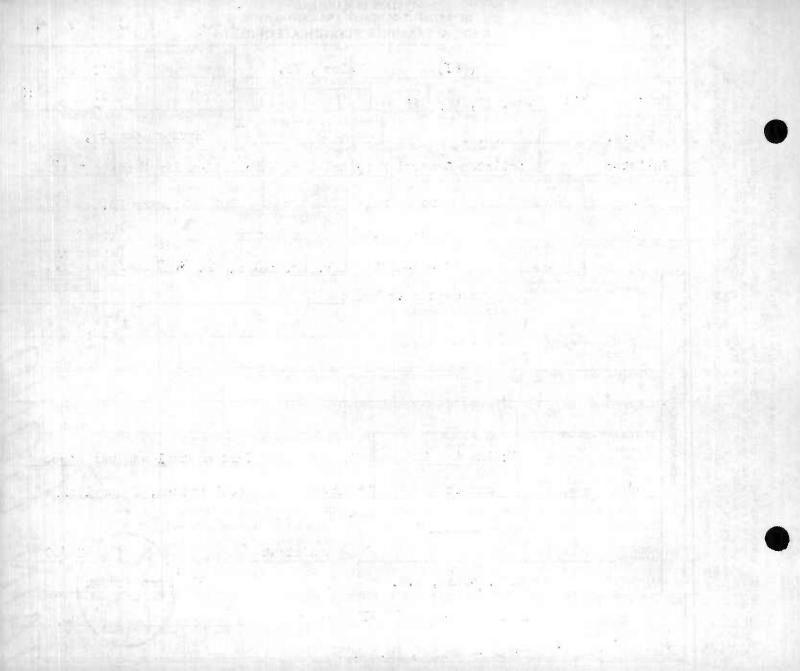
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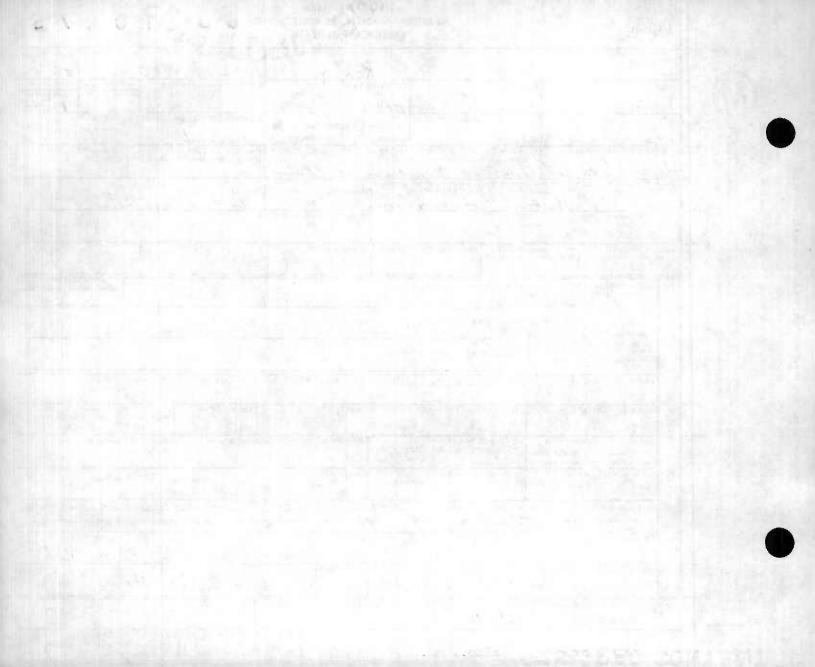
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-		EASED NAME	FIRST	MEI	MIDDLE		AST		REG. N		200	In an
I.		OR PRINT)	0.1		MODIE				OF ESTI-		DAY YEAR	2b. H
	0.51	4. RA	Odess		J.		ughes DER 1 YR. DE UNDER		EATH MATED	4	3 1980	
3	SEX			5. DATE OF BIRTH	YEAR 6. AGE (IN)			MIN PRO	DATE NOUNCED	MONTH	DAY VEAR	1
		emale	White	6 24		YRS.			DEAD	4	3 1980	10:
-	7a. BIR	THPLACE (STATE OF	R	7b. CITIZEN OF WH	IAT COUNTRY?		D NEVER MARR	IED 9. B	ALTIMORE CITY			
		aryland		USA		WIDOW			Harford	Coun		
2		Y OR TOWN OF DE	EATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOA)			OCCUPATION (TY OF WORKING LIFE)	PE OF WORK	12b. KIND OF BU ON INDUST	
5		allston		Falls	ton Genera	1 Hos	pital	Home	emaker		Hone	
	JSUAI 30. ST		136 COUNT		13c. CITY OR TOWN	SION)	13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS	- (
2	Ma	ervland	Harf	ord	Edgewood		YES NO 🔀	1513	Charlest	own D	rive	
1	14. FA1	HER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDI	EN NAME	MIDDLE		LAST	
C	E	lmer			Johnson		Nellie X	X		Lei		
1	6a. W	AS DECEASED EVE	R IN U.S. ARM		166. SOCIAL SECUR	ITY NO.	17 INFORMANT		ADDRES	S		224
	N		1		220-32-32	35	Elizabeth	H.Swan	an. 3013	Snake	Lane 2	102
f		18. CAUSE OF DEA	ATH (Enter only	y one cause per line	for (a), (b), ond (c).)						APPROXIMAT BETWEEN ONSE	TE INTER
-1		PARTI DEATH WAS CAUSED BY: MANUAL DESCRIPTION Multiple injuries										
	Canditions, if any, which gave rise to immediate (b)									AL. E		tra 1
												50
		couse (o) statir	ng the under-		AS A CONSEQUENCE	OF						1
ı		lying couse lost.										1
1	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
Ш	NO											
1	<u> </u>	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?									20. AUTOPSY	(?
	Ĭ.										YES T	NC
3		10. EXTERNAL CA		21b. TIME OF	INJURY MONTH DAY YEA	21c. HC	W INJURY OCCURRE	D (ENTER NATUR	E OF INJURY IN ITEM 11	8 PART 1 OR PAR	RT 2)	
2	3	UNDERLYING X CONTRIBUTING	OR CAUSE OF D	HOUR XXX EATH 9:23P.M.	4 3 19 8	ŝô	driver	in au	to/auto	impact	t	
-3	ă	THE IN ILLRY OCCU	RRED	21e. PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOC			ORTOWN		Marford	d Co
	Σ	WHILE NO	T WHILE X		treet		22 east o			. Chur	rchville	e .
2					ribed obove, held o	Autops				and in my op		
100			1	causes .	57	ouicide	Hamicide .	Undetermin		па іп ту ор	Inion	
		death resulted fro	mi Neturo	ranses [Accident IOLI, //S	ouicide L		Undetermin	rea monner	,		
		ACTUAL	1011	Tular XI	mato		Deputy C	hief		DATE	4/5/8	80
		SIGNATURE	100	2000	VII.	M.	0	MEDICAL	EXAMINER	SIGNE	D	
M		EXAMINER'S NAMI	e TH	omas D. S	mith, M.D.		111 P	enn St.	Bal.	to., A	MD.	
+		RIAL, CREMATION,			23c. NAME OF C		DDRESS	23d. LOCAT				
ľ	(SP	ECIFY)						CITY OR TO	WN	rford		STATE
1	24 FU	Burla. NERAL DIRECTOR	1/	April 80) Spesutia	1 LDIS	25a. DATE	REC'D. BY REC		ISTRARIES	MATURE.	.aut
		NAME	7	ADDRESS	41	(1) 070	2002	198		Pay / Tre	Herberry	
Ľ	l'ar	ring Fune	eral Ho	me P.A.	Aberdeen, l	Ad STO	OT IN	1,00		/	//	

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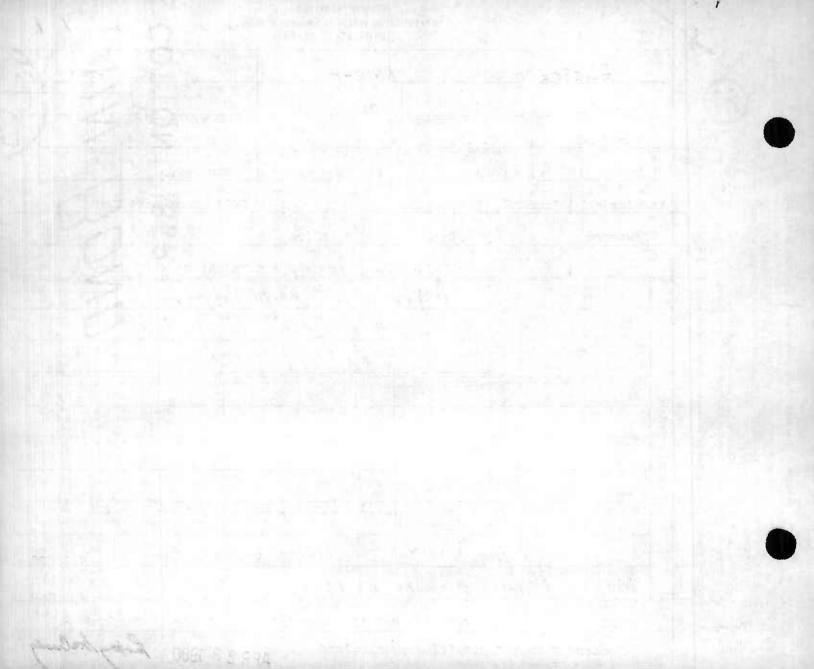


	h	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	TGIENE 8 0	10475
		ECEASED NAME FIRST PE OR PRINT)	MIDDLE	LAST &	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
				KENLY	711/11 - 1	0 21
(股別)	3. S	EX	RACE	5. DATE OF BIRTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS M
200 E	F	emale	Black	APRIL19 1980	YI	RS. / 4
n. r.	7a. 1	BIRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	INTY OF DEATH
72 Z	-	- 1	45	WIDOWED DIVORCED		
within within	10.0	CITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKE	12b. KIND OF BUSINESS INDUSTRY
in by filled		AURCOL GRACE		DORIAL HOSPITAL		
ad be ald be	130	JAL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT) HARA	TY IJG. CITY OR TO	NN 134 INSIDE CITY LIMITS?	13. STREET ADDRESS 725 Lewi	s 5T.
shou	_	ATHER'S NAME		15. MOTHER'S MAIDEN N		
9 ~ -1 4	1	FIRST	IDDLE LAST	FIRST	MIDDLE	LAST
the medical	léa	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE V	NED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
be any requires that the beart better beart better better the attending phy it. Then please temove carbon pay or to burial, cremation, or remost any injury, or other traumatic.	CERTIFICATION	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last PART 2 OTHER SIGNIFICANT CO.		premovine	20a AUTOPSY? 20b. II	FYES, WERE FINDINGS USED
te has been in inner in inner pri	TIFF				YES NO	ERTIFYING CAUSES OF DEATH? YES NO NO
ig physician. This certificate ha urial-transit perm Mental Hygiene d or Item 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH I	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	a 18, PART 1 OR PART 2)
After this c s the burial- th and Men marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
PITAL OR ATTENI by the hospital or an ERAL DIRECTOR: e detached for use an State Dept. of Heal ANT: If Item 21 is		22a. I certify that (I) (this hospits saw the deceased alive of above (I) (we) idial and not Its SIGNATURE	APR. 1 19 19 19	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	medical STAFF	22c. DATE SIGNED 4/19/80
TO FUN TO FUN should b with the	23a	BURIAL, CREMATION, REMOVAL (SPECEY) Removed		NAME OF CEMETERY OR CREMATORY		COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79		FUNERAL DIRECTOR NAME Anatomy Board	Balto., Md.	25e. D.	ATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE



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k	1	1-	FOR STATE REGISTRAR			DE			CATE OF DEATH	HYGIENE	8 0 REG. N		0 4	77	
a 71			EASED NAME OR PRINT)	FIRST	MIDDLE		LAST KNIGHT		2a. C			DAY YEAR	26 HOUR UE	-	
100		3 SEX			RACE	oran.	5.0	DATE O	FBIRTH	6 AC	GE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
(限例)		4	Tomale.		Whi	te		MONTH	DAY YEAR		8	YRS.	MONTHS DAYS	HOURS MIN.	
	1	7a. BIF	THPLACE (STATE OR FOR	EIGN 7t	CITIZEN OF	WHAT COUNTRY?		AADDIED	NEVER MARRIED	9 B/	ALTIMORE CITY O	TIVO.	Y OF DEATH		
2 2	9		Maryland		U. S	5.A.		IDOWE			HARFOR	20 C	OUNTY	N	11
by th filed with	2	F	allston mo	H 1		HOSPITAL, N CH FACILITY, GIV			spital		USUAL OCCUPATI E OF WORK FOR MOST O HOUSEWII	F WORKING L		OF BUSINESS O	R
filled in fould be must be	100	130 S	L RESIDENCE (IF NURSIN TATE 1 ryland	B COUNT Harfo	Υ	134 CITY O	RTOWN		13d INSIDE CITY LIMITS		street address 414 <i>Greet</i>	nh e ar	t Lane		
and	20		THER'S NAME FIRST Lawrence	MI	DDLE FC	pertscl			15 MOTHER'S MAIDEN FIRST Elizabe		WIDDLE		?	ST	
Pages I	1		AS DECEASED EVER IN	U.S. ARMI		166 SOCIA	L SECURITY	NO.	17 INFORMANT		ADDRE	SS	30		
			No	(** 123) 3112		217-	54-067	70	Mr George	e E K	night Jr		Same		
physic npape movol.			18 CAUSE OF DEATH PART I. DEATH WA		BY:	r line fo	pind ic	zh	in E Res	p- 1	Amest		APPROX BFTWEEN	IMATE INTERVAL ONSET AND DEATH	_
ottending nove carbai lotion, ar re troumotic er			4280 Conditions, if ony,	which	DUE TO, C	OR AS A CON	SEQUENCE	E OF	, Sem	e (U.T.	Pò			
by the ose rer Il, crem ather			gove rise to imme cause (a), stating underlying cause	ediate	DUE TO, C	R AS A CON	ISEOUENCE	E OF	zeloney.	mi	hs.				
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te hos been sit permit. I giene prior shows ony ii	9	CERTIFICATION	190 DATE OF OPERATION	ON	196 COND	ITION FOR V	WHICH OPE	RATION	I WAS PERFORMED		B AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES ES []		
burial-transit Mental Hygie or Item 18 sho	9		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH		OF INJURY .M. MONT .M.	H DAY	YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJUI	RY IN ITEM 18.	PART 1 OR PART 2)		
the bu ond M		MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK	IE 🦳	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY,	OFFICE, FARM,	ETC }	211. LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE	
pritol pritol for us of Her z 21 is			22a I certify that (I) (t saw the deceased above, (I) (we) (dia	olive on_	4-	25-			that in (my) (aur) opin	nion death	occurred on the de	ote and ha			5
i te et i	\rfloor		226. SIGNATURE DEGREE DEGREE										/26/80		
retained by the TO FUNERAL should be defined with the State IMPORTANT:			MURLI	MI	Inh	m'	M	0	1305	Fe	ecom	Re	1, 121	(sp-	
ē ⊢ v v ₹		23a B	URIAL, CREMATION, R	EMOVAL	23b DATE		23c. NAM	E OF CE	METERY OR CREMATO	ORY 23	d. LOCATION CITY OR TOWN		COUNTY	STATE	-
			Burial		4/2	9/80	Be	el A	ir Memoria.		Bel Air		arford	Md	
- 16 50M 1/76 (A 15 (4))		24 FU	NERAL DIRECTOR NAME Leonard	J Rue	ck Inc	.Balti	more,	Maı	ryland	APR	2. 8 1980	25b. REGIS	AR'S SIGN	elung	
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Control No. 14. Maiorie 245 Mr. Lafeyaton Shrish Willes Thousand Man. Park Wiln. New Castle DE with a will the good 2700 Naphineon to. I have a

Leonard J Ruck Inc. Baltimore, Maryland

FOR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

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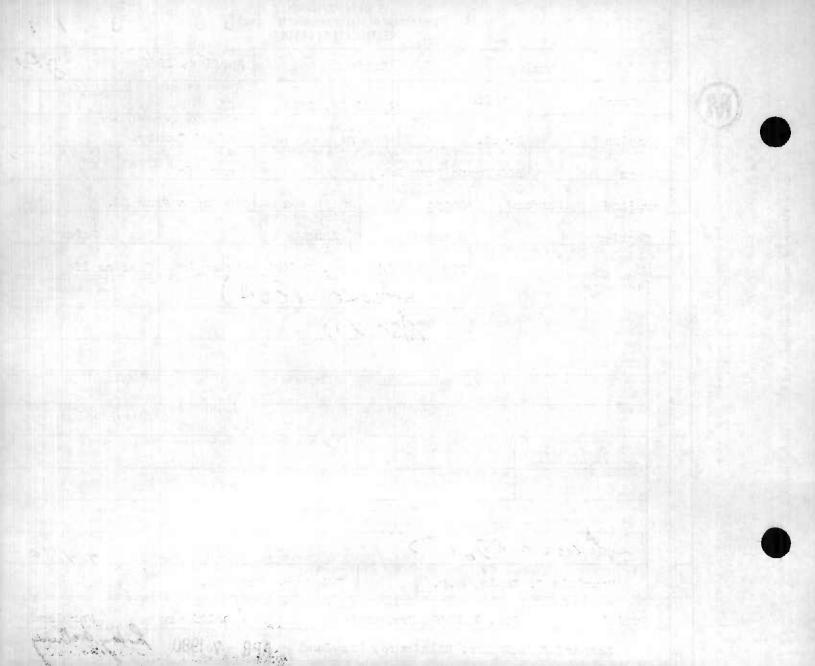
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC'D.

BY REGISTRAR 25b. RE

1980



X		11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	4 8 0
1	Tempel	I. DE	REGISTRAR CEASED NAME FIRST FOR PRINT) Wayy	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. Lest Last Lest Les	DAY YEAR Zb. HOUR
		3. SEX	MW	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 49 YRS.	DAY YEAR 2d HOUR
9	HAR STATE	FO FO	RTHPLACE (STATE OR REIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY WIDOWED DIVORCED HAR	FOR! MD.
	AY IS AGE 301 N		erdeen	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1217 North Stepney Road 1218 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
21201	ANY D AND 3 RETAIN HOULD		L RESIDENCE (IF IN NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	y Rd.
WD.	STATH STATE		THER'S NAME MIRST VENUN	MIDDLE WELLEST US. MOTHER'S MAIDEN NAME RIETS	and the same
BALTIMORE,	URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 AT DIVISION OF	(YI	Yes (IF YES, GIVE Korea		d. 21001 Stepney Road
301 W. PRESTON ST., B	PENCIL IN TEAN 18, PENCIL IN TEAN 18, 18, 18, 18, 18, 18, 18, 18, 18, 18,		PARTI DEATH WAS CAUSE	ly ane cause per line far (a), (b), and (c).) DBY: SELF INFLICTED GUNSHOT DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 30	OULD BE EXECU- VIED BE EXECU- VIED BE EXECU- VIED WEDICAL E VIED AS A BURI- VIED AND	NO	PART 2 DTHER SIGNIFICANT CONDITIONS	((c)	
	+ 5 E D O 4	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
DIVISION OF VITAL	R. THIS CERTIFICATE SHOWED THE, WRITING THE WORD SPACE 3 SHOULD BE US STATE DEPARTMENT OF 21201 PRIOR TO BURIAL.		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I		
DIVIS	WRITING WRITING WARDED WAGE 3 S PAGE 3 S TATE DEP 201 PRIO	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COL	JNTY STATE
•	CAL EXAMINE THE CERTIFICA SHOULD BE FC RAL DIRECTOR TH, WITH THE E, MARYLAND,			e of the remains described above, held an Autapsy , Inspection , Inquiry , and in my ap ral causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) MEDICAL EXAMPLE SIGNE	4-11-80
	TO MEDIA EXECUTE PAGE 4 1 TO FUNE AFTER DE BALTIMOR	23a.Bl	PRIAL, CREMATION, REMOVAL 2	CITY OR TOWN COUN	
(DHMH - 17 VR A15 ME (5))		INERAL DIRECTOR	ADDRESS 250 DETERMENT OF BY REDISTRAR 250 REGISTRAR'S S	ord Maryland
	15M 7/77	1.8	rring Funeral F	Home, P.A., Aberdeen, Md. 21001	

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FOR

STATE OF MARYLAND

- STATE REGISTRAR		OLI ANTI	CERTII	FICATE OF DEATH	REG.	NO.	1 (ال مس	9
I DECEASED NAME FRS		eter	Kuh	n	2e. DATE OF DEATH	MONTH 4.	30.	YEAR 80	26 HOUR 1205P
3. SEX MALE	4 RACE WHIT	E	S DATE O	OF BIRTH YEAR YEAR 1913	6 AGE (IN YEARS LAST	RTHDAY]	MONT	NDER I YEAR	# UNDER 24 HI HOURS MR
78 BIRTHPLACE (STATE OR FOREIGN NEW YORK	U.S.	WHAT COUNTRY?	1	D KNEVER MARRIED	BALLIMORE CITY			DEATH	
10 CITY OR TOWN OF DEATH Havre de Grace	CITTEE	NS"NURSIN	G ^{oo} HOM	OR OTHER INSTITUTION	176 USUAL OCCUPA (TYPE OF WORK FOR MOST CHEMIST		G LIFE)	NDUSTRY	OF BUSINESS
MARYLAND HA	OME OR OTHER INSTITUTION COUNTY ARFORD	GIVE RESIDENCE BEFOR 136 CITY OR TOW ABERDEEN	/N	134 INSIDE CITY LIMITS? YES A NO	13R STREET ADDRESS 634 BURKI		VE.	210	01
SAMUEL	CHARLES	KUHN		15. MOTHER'S MAIDEN NA FIRST FLORA	WIDDLE		EI	SENS	TEIN
160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF YE NO	S. ARMED FORCES? S, GIVE WAR OR DATES)	097.10.3		MARCIA G.		RESS N 13e			
Conditions, if ony, while gove rise to immedia couse (o), stating the underlying couse lost	th te	OR AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION	GIVEN I	IN PART I	I V EDI
190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYIN	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?				NGS USED S OF DEATH?
TIO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE FIRER, NOTIFY MEDICAL EXAMINATION OF WHILE AT WORK AT WORK AT WORK	OF DEATH HOUR A		AY YEAR 19	21c HOW INJURY OCCURI	RED (ENIER NATURE OF IN			OR PART 2)	STATE
220.1 certify that (1) (this			· · ·	nd that ir (my) (our) opinion	death occurred on the	dote and	, 19 hour one		
THE SHAWLIAN'S MANE'	M/M TYPEOR PRINT!	m. Mil	1-	ATTENDING PHYSICIAN PHYSICIAN	MEDICAL ST	AFF ICIAN []		TO DATE	30-80
230 BURIAL CREMATION REMO	VAL TZ36, DATE	1.1	NAME OF C	EMETERY OR CREMATORY	1734 LOCATION	CON		Nd.	- 7 1001
CREMATION	5/1/1			OUNT CEMETERY	BALTIMO	ORE	cou	MARY	LAND

DHMH-16 25M (VRA 15, 4) 1/79

BP.

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic

74 FUNERAL DIRECTOR
WALTER BROOKS BRADLEY INC., BALTIMORE, MARYLAND

750, DATE REC'D. BY REGISTRAR 750. REDISTRAR'S SYGNATURE-

H 1067 - 60 .08 . 18

	1.	STATE REGISTRAR			DET A	CERTIF	ICATE OF DE	ATH	iene O	REG. NO	1	U	4	0 4
9 M E		CEASED NAME ORPRINT)	IRA		MIDDLE		AST EE		2R DATE OF D		MONTH	DAY	VEAR 80	26 HOUR 3 45
	3 SE	TALE	IKH	1 RACE	9510N	5 DATE (OF BIRTH	1907	6 AGE (IN YEAR	RS LAST BIRTI			RIYEAR	IF UNDER 24 HRS
16 374	7r. B	RTHPLACE (STATE)	OR FOREIGN		WHAT COUNTR	Y? 8 MARRIE WIDOWE	DE NEVER MA		BALTIMORI HARF	110	R COUNT	Y OF DE	ATH	
d within	10 C	TYORTOWNOF	MD.	11, NAME OF		SING HOME (OR OTHER INSTITU	UTION	12a USUAL OC (TYPE OF WORK F	CCUPATK OR MOST OF	WORKING	LEFE) IND	USTRY	BUSINESS OR
y filled in bould be file	USU 13a	AL RESIDENCE (IF	NURSING HOME O	ROTHER INSTITUTION		ORE ADMISSION	13d. INSIDE CITY		13k. STREET AL	DRESS				- TRIC
nd 2 sh		THER'S NAME	JHKN	WIDDLE	LAST		IS MOTHER'S M	ST s	ME	WIDDLE	4	E E	LAST	
Pages 1 a	lón V	VAS DECEASED EN	/ER IN U.S. AF	RMED FORCES?	166 SOCIAL SE	CURITY NO	17 INFORMANT	Т	LEE,	ADDRE 5 TT		T. 1	ND.	
physicia papers. emoval. tic event		18 CAUSE OF DE PART I. DEATI	H WAS CAUSE		line for (a), (b)	Pione	luons	1	men	1				NATE INTERVAL
y the attending remove carbon cremation, or r or other trauma		Canditions, if a gave rise to cause (a), st	any, which immediate ating the) (b)_	RASACONSEC	Mono	my th	per	tense	in				
i signed by en please to burial, tigury, o	z		IGNIFICANT	CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NO RELATED TO	O THE TERMI	INAL DISEASE	OR CONE	OITION GI	IVEN IN F	PART I(o	1
te has beer permit. The permit is the prior is shows any	CERTIFICATION	19a DATE OF OPE	RATION	19h COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORM	MED	20a AUTOP	SY?	IN CERT			GS USED OF DEATH?
his certificate ha unal-transit pern Mental Hygiene 3 or Item 18 sho		21a ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJU	RY OCCURR					PART 2]	
After this s the burial th and Mer marked or	MEDICAL	21d. INJURY OCC	T WHILE O	21R PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	21F LOCATION STREET		c	ITY OR TOW	N /-	cou	INTY	STATE
is lead a		22a.1 certify that saw the dec- above, (1) (we	eased alive an		4/6 19		d that in (my) (au	ur) opinion o	eoth occurred	an the do	te and ha	19_diur and fr		hat (I) (we) last auses stated
Pice epite		22h SIGNATURE	ech	- (120	enlar	ll.	-	ENDING YSICIAN	MEDICAL DIRECTOR	STAF PHYSIC	F IAN []	22	DAYES	180
retained by the ITO FUNERAL C should be detach with the State D IMPORTANT: I		JOS	Egoh.	RPRINTIPES,	N HAR	V.F	Z 80	3 6	Pock	SA	ein	19	Rd	,
3P	23a. E	URIAL, CREMATIC		236. DATE			EMETERY OR CRE		23d. LOCATI	OWN BLIN	, 4	COUNTY	o'Rob	MAIL OEM ,
DHMH-16 25M VRA 15, 4) 1/79		INERAL DIRECTOR	Harkin	5 600 N	ADDRESS	Delta	P. 17314	25n. 94/5	REC'D. BY REG	"UBE	ISB. PEES	4583	No. of Control	Body !

TIME TAME MATE PER WHEN THE PART OF STREET, MARKET MARKET, MARKET ##34110年 08:01:41 3x 1-5 DUBLIN HARROSON PIL John H. Haveline Goldlam Dr. Took, R. (7214)

/	11.	FOR STATE		NT OF HEALTH AND MENTAL HY	GIENE & U	1048
/		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	1
1	1	HAROLD C	LHFORD L	CONARD	4	-2-80 9:
-	3. SE	(RACE 5	DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER
THE !		M	W	OV. 30, 1913 EAR	66	MONTHS DAYS HOURS
The state of		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR CO	UNTY OF DEATH
Sm25	V.	irainia	USA	VIDOWED DIVORCED	HARFORD	
1 1	10 5	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING	00655) //	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12h KIND OF BUSIN ING LIFE) INDUSTRY
B 1000	TH	URE OF ORACE)		ORIAL HOSPITAL	Carpenter	constru
18 00/	13a	AL RESIDENCE (IF NURSING HOME OR OT	134 CITY ONTOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESSALE	D_1
\$ PO	14.54	Md HARF	ORD BELAIK	YES NO D		Rd.
5 1500	10.17	THER'S NAME FIRST STELL TO	P. Leonard	FIRST	MIDDLE	LAST
8 1 ARC			. 20011111	Maude	ADDRESS	Carico
8 2 1		VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES)			2 2 1 1 1
T T		no	212-18-7	999 Mrs. Virgi	inia Leonard,	Bel Air, Mo APPROXIMATE INTI BETWEEN ONSET AN
n plem tim		gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUENT	ie Ginesti Colosi	from Doplagus	to Colon
Then or to t	N Q			BOT NOT RECATED TO THE TEXT	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(6)
prior to	CATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OF		20c AUTOPSY? 20b.	IF YES, WERE FINDINGS USE
prior to	RTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	200 AUTOPSY? 200. IN C	IF YES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA YES NO
Hygiene prior to m 18 shows any	L CERTIFICATION	19a DATE OF OPERATION W 216. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	206 AUTOPSY? 206.	IF YES, WERE FINDINGS USI ERTIFYING CAUSES OF DEA YES NO
rial-transit permit. The fental Hygiene prior to or Item 18 shows any		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	PERATION WAS PERFORMED YEAR 19	200 AUTOPSY? 200. IN C	IF YES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA YES NO
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AND THERESE SELVING IN THE REAL PROPERTY. 1088 G 884

			STATE	F MARYLAND			140
1	FOR STATE REGISTRAR	DEP		ATE OF DEATH	GIENE () ())	8 4
1. D	ECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
500	H.L.	in H.	Lei	pert	- Carlon	April 17 1980	540
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	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OTHER INSTITUTION	12a USUAL OCCUPATE		OF BUSINESS OR
Jola H	oure de EvacE		1/	050	Secretary		Broker
112-	UAL RESIDENCE (IF NURSING HOME STATE 1 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 13c. CITY OR	BEFORE ADMISSION	A INSIDE CITY LIMITS?	13. STREET ADDRESS	2 4 - 4	
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E 160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	SECURITY NO. 1	7 INFORMANT	ADDRE	SS Maryland 2	1001
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À N	Dery dra	Xur 4 hu	elant	to from			
CERTIFICATION	1% DATE OF OPERATION	IN CONDITION FOR W	HICH OPERATION	WAS PERFORMED	28e AUTOPSY?	10h IF YES, WERE FINDS IN CERTIFYING CAUSES	
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7 7	OR CONTRIBUTING CAUSE OF I	Parallel 10-00 April 1000 Community Community Community	19				
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Ē	sow the deceased alive obove. (Milwe) idid/idid	on 4-17 got view the body office death.	19 10 and	that in (my) (our) opinion	death accurred on the de	ate and hour and from the	couses stated
	224 SIGNATURE	X	DE	GREE	ORDMINE WAS		SIGNER
	X: 1/100	ue Chen	4.	ATTENDING PHYSICIAN	MEDICAL STAT		10
	274 PHYSICIANS, NAME ITTE	E OR PRINT)		17x ADDRESS	11	- /	20
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	BURIAL CREMATION, REMOV	AL 23h DATE	13c NAME OF CEA	AETERY OR CREMATORY	234 LOCATION CITY OF TOWN	COUNTY	STATE
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24	FUNERAL DIRECTOR		The same of the sa	I25e DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNA	
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BAL	WITH PAC		18. CAUSE OF DEATH (Ente	r only one couse per li	se for (a) (b) and (c))	Aberdeer	Police Dep't, Aber	deen, Md.21001
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LREC	PEN	CERTIFICATION	198. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPE	RATION WAS PERFORMED?		20. AUTOPSY?
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٥	R: THIS CER FE, WRITING DRWARDED PAGE 3 S STATE DER 21201 PRIC	1	AT WORK AT WORK				CHIONIONN	COUNTY
	as In Community		22a. I certify that I took o	horge of the remains d	escribed above, held on	Autopsy , Inspe	ction . Inquiry . ond in my	y opinion
	EXAMINE CERTIFICA JUD BE FO DIRECTOR WITH THE		death resulted fram:	Janural causes .	Accident , Si	ricide, Homicide	. Undetermined manner .	
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	TO I PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B	URIAL, CREMATION, REMOV	The second secon		METERY OR CREMATORY	23d. LOCATION	OUNTY TY STATE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH-16 25M

(VRA 15, 4) 1/79

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INDUSTRY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN COUNTY 24. FUNERAL DIRECTOR REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 25M (VRA 15, 4) 1/79

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

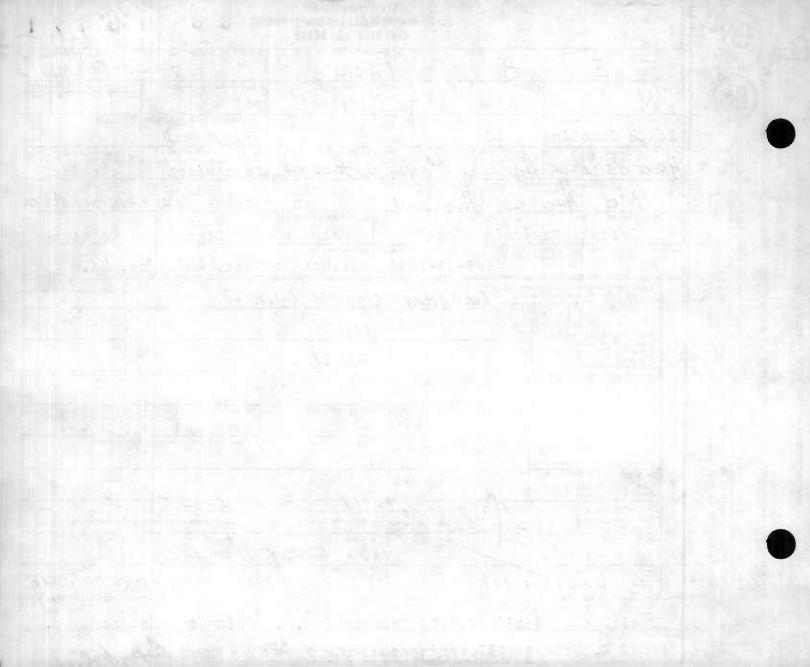
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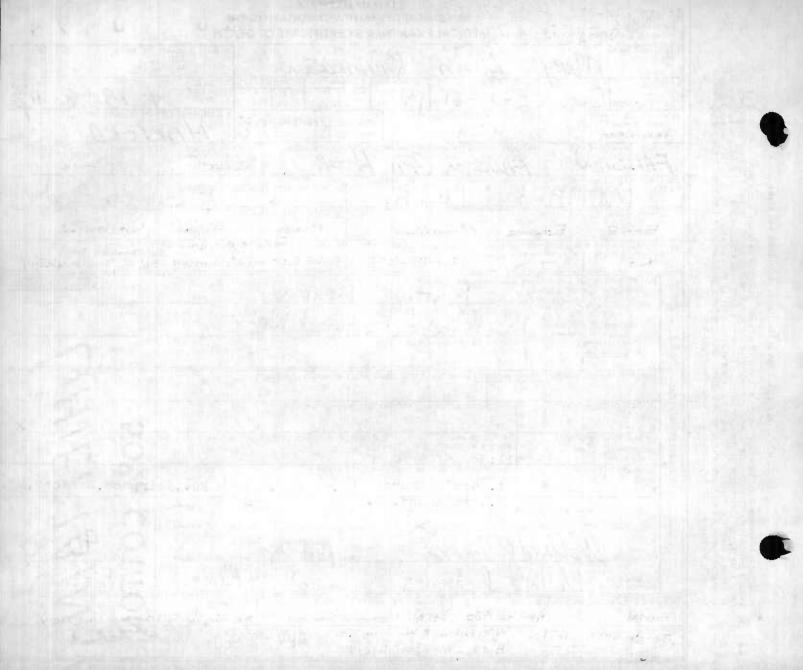
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	0 9 3 0	10. CI	TY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, NURSIN	G HOME C	ROTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS			BUSINESS OR
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RYL	completely Lond 2 sh	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N. FIRST	AME		LAST	
¥ Y	omple and		3.S.W.		Phillips		Clara			Smith	
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TIM	e ca E		Vo		198-28-6	350	Marien A.Gus	tafson, 3660	Churc	hville F	ld.
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	rending tal or a OR: Afte or use as I Health		220.1 certify that (I) (this he	201	the deceased fram_	41	2/70 19	, to	2/20	19, tl	hat (I) (Ne) last
	Pit		saw the deceased plive above, (1) (%e) (did) (die	on	dy after death.	, an	d that in (my) (out) opinion	death accurred on the	date and has	ur and fram the co	auses stated
	rat OR atten y the haspital & DIRECTOR detached for us are Dept. of He MI: If Hem 21 is		22b. SIGNATURE	00 1	1		DEGREE			22c. DATE S	IGNED
	AL OI the detack site De T; If H		15) (lunliet	d	M	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	SICIAN	4-3	-80
	HOSPITAL ined by t FUNERAL wild be det by the State	1	226. PHYSICIAN'S NAME (TY	PE OR PRINT)	V		22e ADDRESS				
			B.J. Plunke	ett. Jr.	M.D.		617 West Be	l Air Avenu	e. Abe	rdeen. N	id. 2100
	0 € 5 € ₹ ₹	23a. E	SURIAL, CREMATION, REMOV			AME OF C	METERY OR CREMATORY	236 LOCATION		COLLEGE	STATE
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DH	MH - 16 50M 7/77		INERAL DIRECTOR				250. DA	TE REC'D. BY REGISTRA	AR 251 FEGIST	TRAR'S SIGNATU	RE
	(VRA 15 (4))	Ψ,	arring Funera	1. Home .P	A. Aberde	en.Md	.21001 APP	7 1980	people	y Melres	4
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(M)	11.	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.
nay be page 3	I. DE	CEASED NAME FIRST ALVIN	C. MIDDLE	PHILLIPS	2e. DATE OF DEATH	4-14-80 7:55 M
ege 4 may rector, pag rs after de once.	3. SE	MALE	WHITE	S. DATE OF BIRTH MONTH OAY YEAR 17 19 18	AGE (IN YEARS LAST BIR	HOAY) IF UNDER I YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN
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with with	10 0	AVER OF GRACE	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION EXADDRESS) EMORIAL HASPITA	12ª USUAL OCCUPAT TYPE OF WORK FOR MOST OF	OF WORKING LIFE) INDUSTRY
hin 24 hours filled in by auld be filed	USU 13g	AL RESIDENCE (IF NURSING HOME OR STATE 134 POUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 13. CITY OR TO DARLIA	ORE ADMISSION) WN 134 INSIDE CITY LIMITS? WE TON YES NO S	130 STREET ADDRESS	742 CONOWAGE
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ficate be exectly ysician and corpers. Pages 1 a oval.	léa Y	WAS DECEASED EVER IN U.S. AR	WAR OR DATES) WAS 35-18-		HILLIPS, I	PARLINGTON, MD.
requires that the death certing of a signed by the attending photon please remove carbon parto burial, cremation, or tem y injury, or other traumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OB AS A CONSEO	go cardial infa	rdiag arr rection Lisur MINAL DISEASE OR CON	DITION GIVEN IN PART 1101
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DING PHYSICI trending physic After this certif as the burial-tran th and Mental Hmarked or Item	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TO	NN COUNTY STATE
tal o CTC CTC or us of H		saw the deceased alive on	tal) attended the deceased from	80 and that in (my) (our) opinion	death occurred on the d	19, that (I) (we) last ate and hour and from the causes stated
hosp hosp thed Dept		226. SIGNATURE	Lee	DEGREE M.D. ATTENDING PHYSICIAN [MEDICAL STA	
TO HOSPITAL retained by the TO FUNERAL should be detac with the State (important:		224. PHYSICIAN'S NAME (TYPE O	LEE, MID	220 ADDRESS We On Me	d. Climic. H	tarre de Grace, M
BP	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY BEL AIR GARDENS	BEL AL	R HARFORD MD
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR	CINS, DELTA	T ITTI	PR 1 7 1980	25h REGISTRAR'S SIGNATURE

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		II to	STATE OF MARYLAND G543 5/13/80 STATE OF MARYLAND G543 5/13/80 STATE OF MARYLAND	
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V	X		REGISTRAR MATY YUN Echands MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 , 7
~		1. DE	ECEASED NAME FIRST MIDDLE D LAST 20. DATE KNOWN B MO OF ESTI-	NTH DAY YEAR 25. HOUR
	S = 40 40 45	(117	PEORPRINT) NARY LUND KICHARDSON DEATH MATED [19 M
	A S S S S S	3. SEX		11.5
			MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	19 80 115
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-	NECESSAR FUNER 5 FOR W. PRESID	FC	OREIGN COUNTRY) MARRIED MEVER MARRIED	OA
	N. S.	_	MATIGATION DIVORCED HILL WIDOWED DIVORCED HAT THE COLOR OF THE COLOR OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR DIVER INSTITUTION 128 USUAL OCCUPATION (TYPE OF W.)	ORK 12b. KIND OF BUSINESS
	F ANY DELAY IS NE RAND 3 TO THE FU RETAIN PAGE 5 SHOULD BE FILED. V RECORDS, 301 W.	L	FOR MOST OF WORKING LIFE)	OR INDUSTRY
	SS. S.	/	-ALLSTON FALLSTON (IN HOST TELLER	BANK
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	H. II	14. F/	ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE	LAST
BALTIMORE, MD.	URS AFTER DEATH. IF ANY DELA 8. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM. 3. RETAIN P. 1. PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS.		EARLE Edward Richardson NANCY HELEN K	ozlowski*
OKO	FTER DE FORM FORM ON OF	160. V	WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO. 17. INFORMANT AND 2200 ADDRESS	Land Land
T W	GIVE FUTH FOR	{Y	YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-88-1688 Mr. E. Edward Richardson Bel A	ington Road in Maryland 21014
BAL	PAC PAC		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
ST.,	IN 24 HOUR N ITEM 18. ALONG W IT PERMIT. F Y'GIENE, DI AL.		PARTI DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
N C	24 ITEA ION PER.		MMEDIATE CAUSE (a)	
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3	KECUTED WITHIN 5". IN PENCIL IN 5". IN PENCIL IN FAL EXAMINER BURIAL-TRANSIT AND MENTAL HY AND MENTAL HY ON, OR REMOVAL		couse (a) stating the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF	WHO SO 199
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DIVISION OF VITAL RECORDS, 301 W. PRESTON	HOULD BE EXECUTED WITHIN 24 HO RD "PENDING" IN PENCIL IN ITEM 1 CHIFF MEDICAL EXAMINER ALONG USED AS A BURIAL-TRANSIT PERMII OF HEATTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
8	PENDING PENDING F MEDIC ED AS A E HEALTH A REMATIO	MEDICAL CERTIFICATION		
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	EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE SARYLAND, 2		220. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry ond in m	ny opinion
	A FEG BET A		death resulted from: Natural couses	111
	EXA CERA JID DIR WI		ACTUAL TIPLE (SPECIEV)	4/10/8/1
	HE HOUTE			GNED ATE
	DIC TE TE TE T S A S ORI		EXAMINER'S NAME M/ 1/W/ D. Amass DUG 4 Pleasant la DA	I FILL M
	TO MEDICAL EX EXECUTE THE CO PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, MA		(TYPE OR PRINT) WITTER IN THOSE ADDRESS OF TO THE ROLL OF THE PRINT OF	19/2/00 11 M
	PA TO PA	23a.B	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	COUNTY STATE
	BP		BuriAl April 23, 1980 BB Air MEmorial Gardons BEL Air, Harland Co., &	manufacil 2/014
	DHMH · 17	24 <u>. F</u>	EUNERAL DIRECTOR. W.	RI SSIC LATURE
	(VR A15 ME (5))	8	Someph William OSTET RODRESS Manday 2014 APR 2 3 1980	The Charles



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-	1 05	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26. HOUR
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the fu within	10 C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126 KIND OF BUSINES
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ex sheet	14 FA	THER'S NAME FIRST ME	DOLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
omple and 2		Dennis :	J. Riordan	Annie	T.	Cullen
Pages 1 ,		VAS DECEASED EVER IN U.S. ARMI (ES, NO OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES	1200	ADDRESS	2100
ysician apers. Par oval.		Yes WW-] 18 CAUSE OF DEATH (Enter only		Pilat It 11011100	sey,627 Cindy Cou	Aberdeen
death certi ending ph carbon pa on, or rem traumatic		PART I. DEATH WAS CAUSED IMMEDIATE	1117777			
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y the at remove cremati		Conditions, if any, which gove rise to immediate cause 101, stating the	DUE TO, OR AS A CONSEQU	IENICE OF A . A . A .	Renal failur	
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signed I en pleas o burial injury,	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART I (a)
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te has b permit. iene pri	CERTIFICATION	THE DATE OF GREATION	The CONDITION VINCE	TOTERATION WASTERI ORMED	IN CERTIF	YING CAUSES OF DEATH
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DING PHYSICII ttending physici After this certifi s the burial-trans th and Mental H marked or item		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	19		
ding ding er the d Mand ked o	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STA
	<	AT WORK AT WORK				
				MAA A LA		
or a		22a I certify that (I) (this hospito		VA	doth or wed on the date and he	19.80 , that (II (w
pital or a ECTOR: for use a for Use a c. of Heal em 21 is		sow the deceased alive on above, (1) (we) (did) (did)not)	April 10 19	ond that in (my) (our) opinion	deoth occurred on the date and hou	er and from the causes stat
LOR ATTEN hospital or a DIRECTOR: hed for use a Dept. of Heal		sow the deceased alive on_	April 10 19	, and that in (my) (our) opinion DEGREE	death occurred on the date and hou	
DIRECTOR: thed for use a Dept. of Heal If frem 21 is		sow the deceased alive on above, (1) (we) (did) (did)not)	HVP 10 19	DEGREE ATTENDING PHYSICIAN 2	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4-10-80
STITUTE OF ALLEN JEDY the hospital or a NEFAL DIRECTOR: Set detached for use a State Dept. of Heal TANT: If Item 21 is		sow the deceosed olive on obove. (I) (we) (did) (did) not) 22b. SIGNATURE	HVP 10 19	DEGREE ATTENDING PHYSICIAN P	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4-10-80
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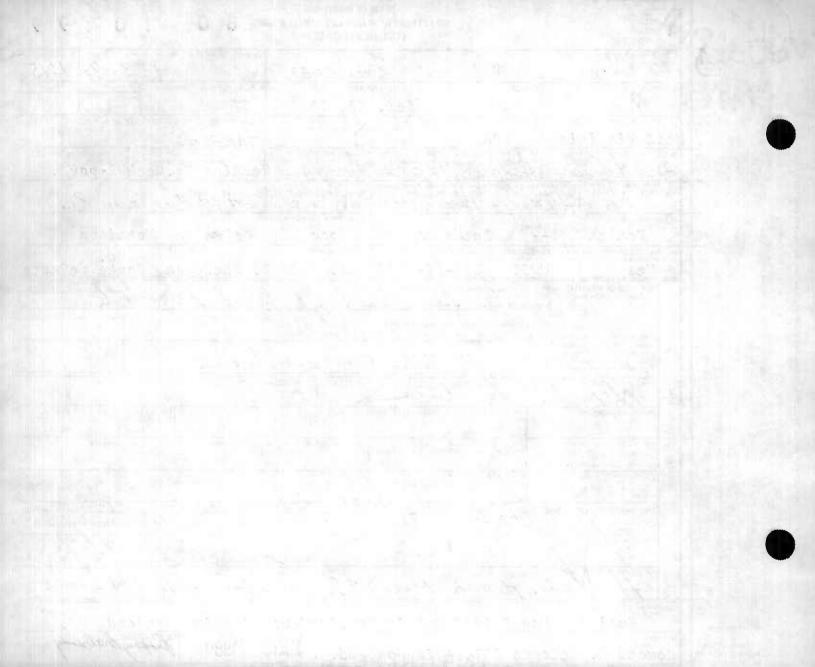
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	Item 18c G54	7 9/8/80 dad STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	0 0 9 7
	- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
3 3	1 DECEASED NAME (TYPE OR PRINT) ARR	AST MIDDLE LAST 2R DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ge 4 may	3 SEX FEMALE	4 RAGE (IN YEARS LAST BRITHDAY) OAY: YEAR: YEAR: 4. AGE (IN YEARS LAST BRITHDAY)	IF UNDER LYEAR IF UNDER 2 HRS
eath. Page 72 hou	IR BIRTHPLACE (STATE OR FOREK	The CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED HARFORD WIDOWED DIMORCED HARFORD	(001.1171)
by the functed within	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS O
2 02 7	USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) FOUNTY HARFORD 134. INSIDE CITY LIMITS? 138. STREET ADDRYSS 2901 MV UN TA	IN PD.
ex she k	14 FATHER'S NAME FIRST	MODIE LAST FIRST MODIE	LAST
be executed and comple ages 1 and 2 the metrical	A1	YES GIVE WAR OR DATES)	1. 80 710
death certificate be e ending physician and carbon papers. Pages on, or removal. traumatic event, the	/VO	213-05-2133 Mildred Seling 290/ Mon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys pape emov tic ev	PART I. DEATH WAS	inter only one cause per line for (o), (b), and (c).) CAUSED BY MEDIATE CAUSE (o) ASY 570 LE	BETWEEN ONSET AND DEATH
death ce ending (carbon on, or re traumat	431-	DUE TO, OR AS A CONSEQUENCE OF	
atter ve ca ation er tra	Conditions, if any, w	hich (16) CYA (quadriple Ma)	3.20.80
es that the ed by the att	gove rise to immed couse (a), stating underlying couse	the DUE TO, OR AS A CONSEQUENCE OF	3.20.80
w requires en signed l fhen pleas rr to burial ny injury,		CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVATED TO THE TERMINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
an. an. ccate has bee in permit. Trygiene prior 18 shows an	190 DATE OF OPERATION		S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
SICI. Ysici vertif trans tal H Item	OR CONTRIBUTING CAUS	E OF DEATH HOUR A.M. MONTH DAY YEAR	PART I OR PART 2)
DING PHY trending ph After this can burial. It and Men marked or	THE EITHER, NOTHY MEDICAL EST THE EITHER, NOTHY MEDICAL EST THE EITHER NOTH MEDICAL EST TWORK AT WORK	ZIR PLACE OF INJURY ZII. LOCATION	COUNTY STATE
or a or a OOR: Jse a Heal	22s I certify that (1) (thi	s hospital) attended the deceased from 41/7 19_80 to 41/7	19 80 , that (II) (we) los
AL OR AT the hospital AL DIRECT trached for ut te Dept. of T: If Item 2	above (11) we) (did)	live on Never 19, and that in (my) (our) opinion death occurred on the date and had (did not) view the body ofter death.	224 DATE SIGNED
HOSPITAL OR A sined by the hospin FUNERAL DIRE und be detached for the the State Dept.	W.S	mulford May, mp ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	- 4/17/80
TO HOSPITA retained by the TO FUNERAL should be deta with the State IMPORTANT:	224 PHYSICIAN'S NAME	MATFORD MAY, MP 604 NIBOND STI, BACTIM	ione, Md.
₽₽ ₽₩¥ ₹ ₹ *	230 BURIAL, CREMATION, REV (SPECIFY) BURIAL	1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION CITY OR TOWN 1230 Himore	COUNTY MSTATE
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR	L 1211 Chesa co Ave - 21237 APR 2 3 1980 MAGNISTRAN 256 REGISTRAN 256 RE	TRAR'S SIGNATURE

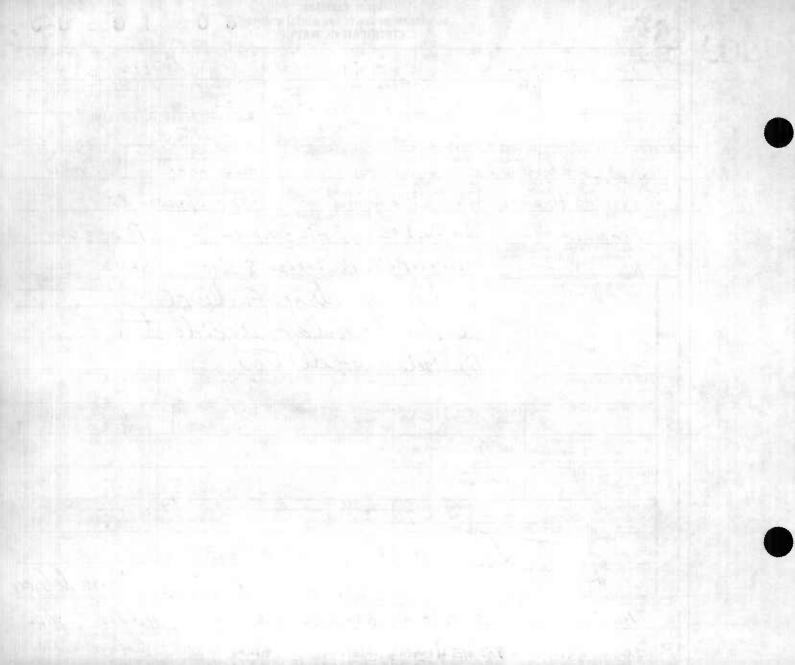
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1 3	FOR		DEPARIMENT OF F	TEALTH AND MENTAL	HYGIENE ()	0 0 0
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'	TIPE OR PRINT)	Eina	HERMYIX	14/1/6/	OF ESTI-	4 3 1080 1238
3 5	SEX	4. RACE 5. D		RS IF UNDER 1 YR. IF UNDER		MONTH DAY YEAR 2d. HOUR
		(SMC W)			MIN PRONOUNCED DEAD	19 M
70.	BIRTHPLACE FOREIGN COUNT	(STATE OR 7b. (CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR	9. BALTIMORE CITY OF	
0		CAROLINA	U.S.A.	WIDOWED DIVORC	_	OYO MD.
10.	CITY OR TOW	/N OF DEATH 11.1	NAME OF HOSPITAL, NURSING HOME,	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE	OF WORK 126 KIND OF BUSINESS OR INDUSTRY
		STON F	ALLSTON GENER	AL HOSPITAL	HOMEMAKER	OUNHOME
US 13e	UAL RESIDEN	CELIF IN NURSING HOME OR OTHE	R INSTRUTION GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	(- D-
	1/X	10 HELD	5rd Badwi	YES NO	27006	re enekozel
14.	FATHER'S NA	ME	DLE LAST	15. MOTHER'S MAID	EN NAME MIDDLE	LAST
SIL	JOH	U	HENDRIX	MAGGIE		Hovek
160	(YES, NO, OR UNI		R DATES)	A 4	(HUSBAND) ADDRESS	1 #
	N		- 219-12-53	523 MR. OBEA	SHIRLEY SA	m = As # 13
	18. CAUSI PART I	OF DEATH (Enter only one DEATH WAS CAUSED BY:	cause per line far (a), (b), and (c).)	h sector	Vreet	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1111	IMMEDIATE CA		9111190 1	11/30	
	Condi	tians, if any, which	DUE TO, OR AS A CONSEQUENCE O	toralognist.	ic bornt DED	020
		rise to immediate (a) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE O	Clinalinia	16 1000 11 NISA	201
		cause lost.	DUE TO, OR AS A CONSEQUENCE O			
	PART 2 OTHE	R SIGNIFICANT CONDITIONS CONTRI	BUTING TO CEATH BUT NOT RELATED TO THE TERMIN	VAL DISEASE OF COMOITION CIVEN IN TH	19T 1 (a)	
Z				THE STREET OF CONSTITUTE STREET IN THE	(A) ((u).	
CEPTIFICATION	19a. DATE	OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
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- a	21a EXTER	NAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 P	
3	UNDERLYI CONTRIBL	NG OR ITING CAUSE OF DEATH				
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1	AT WORK	NOT WHILE	, , , , , , , , , , , , , , , , , , , ,		CITOKIOWA	COUNTY
1			he remains described above, held an	Autopsy , Inspectio	Inquire one	in my opinion
1				ide . Homicide .	Undetermined manner .	
4		1. 1.114	ad Allena	THLE (SPECIFY)		412100
	SIGNATUR	RE / W/W	MI VIRON	M.D. 180 150	MEDICAL EXAMINER ,	DATE SIGNED 4500
7	EXAMINER	SNAME VALLEY	of D. Amore	211/	Mr Marcantu	11 by I I links bu
5	(TYPE OR F	RINT) VV / I CE	IV 1 TITIOS	ADDRESS 440	17 16504NIN	116 KV 1910 AV
230	BURIAL, CREA	MATION, REMOVAL 23b. DA	/ /-	ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24		CIAL 4	7	MOMORIAL GARBEI	REC'D. BY REGISTRAR 256. REGIS	PEFORD MD.
24.		BARNES			4000	intry / Kelrudy
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7	1		STATE OF MARYLAND
Q	1	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 0 5 0 2
(B.B.	1. DE	CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR
(AAI)			eph chare stine
or. fte	3. SE	10 m	AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IN UNDER 24 HRS MIN YEAR ONLY YEAR ONLY YEAR ONLY YEAR ONLY YEAR
h. Page Il directo hours af	70 F	IRTHPLACE ISTATE OR FOREIGN	TROUGH OF WHAT COUNTRY OF DEATH
funeral din 72 hou		COUNTRY)	MARRIED DIVORCED Har ford County, M
hours after in by the fur filed within must, be not	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CONSTRUCTION
iin 24 ho fitled in ald be fill	13a.	STATE 1136 COU	STOTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) INTY 131. CITY OR TOWN 134 INSIDE CITY LIMITS? 130. STREET ADDRESS 2008 Ruff's DOWN 2008
uted mple and 2	14 F		MODIE STIFNE PRESCILLA MODIE WINGS
be ex and ages 1		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV ES- Array WW	PRIED FORCES? 166 SOCIAL SECURITY NO. PUNFORMANT 1577-0415 ADDRESS 07 85 1 AVECUE
aw requires that the death certificate seen signed by the attending physiciar. Then please remove action papers. In the burial, cremation, or removal. any injury, or other traumatic event.	NO		DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
l ar in it.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PROPERTY NO PROPE
PHYSICIAN: The physician physician. This certificate ha urial-transit perm Mental Hygiene dor Item 18 sho	4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH DAY YEAR P.M. 19
NG ndir ne b and rke	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216 LOCATION STREET CITY OR TOWN COUNTY STATE
H 2 6 8 H 2		sow the deceased alive on above, (I) (we) (did) (did no	ot) view the bad- after death.
ITAL CR AT by the hospital RAL DIRECT detached for u state Dept. of		226. SIGNATURE	Recorded Mr. D. ATTENDING MEDICAL STAFF PHYSICIAN DEFECTOR PHYSICIAN
TO HOSPITAL retained by the PTO FUNERAL Should be detach with the State DIMPORTANT:		22d. PHYSICIAN S NAME (TYPE C	1 REINHARAS 2003 ROCK SPRING RA
BP	-	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	April 7, 1980 St. Ignatius Cath. Ch. CETT, FOREST HILL MJ
DHMH-16 25M (VRA 15, 4) 1/79	24	UNERAL DIRECTOR WILLIAM FOR	Tester WiBregdway & Williams St. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE APR 8 1000

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N March 15, 1896 84 1.C. U.S.A. - HITTERD COM HUSE WIFE HOUSE WIFE MD. HARFORD FOREST HILL of 105 ROCK Spring CHERCH RO FERMEN COE MAGGIE BERRY NO - 251-26-07550 EDELEHALL FOREST HILL, MID. REMOVAL BURIN APR. 20, 1980 CENTERSKILLEGEM HARTSVILLE, S.C. Other J. Bullert Dleand Guille are

-			FOR Christopher Telsworth TANNET DEPARTMENT OF HEALTH AND MENTAL HYC	GIENE O	1 /4	- 0	0 4
348		1 -	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF		REG. NO.	3 (1 4
1			CEASED NAME FIRST MIDDLE LAST	20. DATE OF	KNOWN-62 MONTE	124	YEAR 26. HOUR
1	ASE OR. ES. ET,		CULIZADOLOS FIZMOSAY GUNTEL	Or	MATED 4	10 191	80 3°P "
	SARY, PLEASE AL DIRECTOR. YOUR FILES. IN 72 HOURS STON STREET,	3. SE	MALE CANC MONTH - DAY - 98 82 YRS. MONTHS DAYS HOURS M	HRS. 2c. DATE PRONOUN DEAD	NCED	DAY	YEAR 2d. HOUR
0	NECESSA FUNERAL SPECY PLIN	7a. B	REIGN COUNTRY, SALO, WIDOWED DIMORCED TO CHIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIMORCED		ORE CITY OR COU	NTY OF DEA	TH
	LAY IS	F	TAILSTON GENERAL HOSPITAL	FOR MOST OF WORL	PATION (TYPE OF WORK KING LIFE)	OR IN	OF BUSINESS
21201	RESTH. IF ANY DEL	13a, S	VIN KOYTOYA ISON NY YES NO BI	Be. STREET AD DRE	500 Gya	622 (t
WD.	DEATH.		Christopher Jonathan Tanner Emily		IDDIE	Rub	DM.
BALTIMORE,	AFTER VE PA H FO SION	{Y	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMAN(LIGHT) 21. CONTINUE OF CO	1838-5465 1th W. TA	NNET BE	Air mo	Court 2101
301 W. PRESTON ST., CUTED WITHIN 24 HOU IN PENCIL IN ITEM 18 EXAMINER ALONG V RIAL-TRANSIT PERMIT. D MENTAL HYGIENE, I			Canditions, if ony, which gave rise to immediate couse (a) stoffing the underlying cause lost. Canditions to immediate couse (b) to COY (c) to	rest IIns	र्गार्गार इंड्डिड	APPRO BETWEEN	XXMATE INTERVAL I ONSET AND DEATH
DIVISION OF VITAL RECORDS,	SHOULD BE EXE SND "PENDING: CHIEF MEDICA E USED AS A B 'OF HEALTH AI	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	(a).		20. AUTO	
ON OF VIT	WORN WORN		216 EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING ☐ OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING ☐ CAUSE OF DEATH P.M. 19	ENTER NATURE OF INJ	IURY IN ITEM 18 PART 1 OR F	YES	□ NO □
DIVISI	IR: THIS CERTIFICA JE, WRITING THE ORWARDED TO TI R: PAGE 3 SHOULD E STATE DEPARTM 7, 21201 PRIORTO B	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 21d. PLACE OF INJURY (ATHOME, STREET) STREET STREET	CITY OR TOV	wn c	OUNTY	STATE
•	DICAL EXAMINE THE CERTIFICA SHOULD BE FAUERAL DIRECTOL DEATH, WITH TH ORE, MARYLAND	d	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection death resulted from: Natural cause , Accident , Suicide , Hamicide , ACTUAL SIGNATURE , M.D. SS , ADDRESS , ADD	Undetermined mo	DATE	4	08/01/
	TO ME TO PAGE TO FULL AFTER BALTIM	- F	JRIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY PROCESSING WEST Liberty Methodist Completes		Soltimore Carl	UNITY M Proglim	
	DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. FI	JUNERAL DIRECTOR I'M FOSTER WI Broadway & Williams St. 250. DATEBOOK TOTAL BELL AIR MARYLAND 2014		256. RESISTRARS	SIGNATURE	rody

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8		LEON	LETE		173010	1.105	4-20-80	R IF UNDER
(a.)	3 SE	^ / \	4 RACE	S. DATE (6. AGE IN YEARS LAST BIRT	MONTHS DAY	
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Poges medico		(IF YES, GIV	VE WAR OR DATES)	1-10-8722	Mrs. Shirley M	INELE FAI	IStan, Maryland	12104
physiciar npopers. moval. vent, the		18. CAUSE OF DEATH (Enter o	al case as us pay line for	(a) (b) and (a)	24	, ,		OXIMATE INTE
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		OR PRINT)	FIRST VXO 4 RACE	MIDDLE	5 DATE C		20. DATE OF DEATH 6. AGE (IN YEARS LAST BIR	THUAY) FUNDE	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
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ouce	CC	Pitts. Pa.	U. S	OF WHAT COUNTR	MARRIE	NEVER MARRIED	BALTIMORE CITY C	K COUNTY OF DE	
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BE	13a S	Md.	s home or other institute County Harford	TION, GIVE RESIDENCE BEF 13c. CITY OR TO Falls	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2101 Carlo		21047
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event, the med		no		215-40	-9745	Mr. Charles	L. Vickers		ton, Md. 2104'
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ows ony ir	CERTIFICATION	190. DATE OF OPERATIO	DN 196 CO	NDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?
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morked or	MEDICAL	21d. INJURY OCCURRED WHILE INOT WHILE AT WORK	LAT HOM	CE OF INJURY E, STREET, FACTORY, OFFIC	E, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COU	NTY STATE
21 is		220.1 certify that (1) (the saw the deceased above (1) (we) (did	In Mis	1 24 19	6.87	nd that in (my) (aur) apinior	death accurred on the d	ate and hour and fr	om the causes stated
e Stote Dept.		22b. SIGNAT III	moll. (mon	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _	c. DATE SIGNED
with the State		22d. PHYSICIAN'S NAM	LE (TYPE OR PRINT)	moss		220 ADDRESS APP 2	santville Ru	, Falson,	Md 21049
	(5	urial, cremation, re Pecify Burial				ew Mem. Cem.	23d. LOCATION CITY OR TOWN Fallston	COUNTY Harfor	d Md.
1/76	24 FL	F. Lassahn	,11750 Be	lair Rd.K	ingsvil	250. DA	PR 2 3 1980	256. REGISTRAR'S S	Cready

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1	F	OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	507
1	- S	TATE EGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.	201
		EASED NAME FIRST	MIDDLE LAST, 20 DATE KNOWN MONTH	DAY YEAR 26 HOL
	(ITPE	hom	Malker OF ESTI- 4.	5 1980 4 A
3.	SEX	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 2d HOU
L		IN CANC	G OS 7/ YRS. MONTHS DEAD	19 A
70		THPLACE (STATE OR EIGH POUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	OF DEATH
1	Von	The CARolina	U.S.A. WIDOWED DIVORCED Harford Co.	MD
10). CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12 USUAL OCCUPATION (TYPE OF WORK II) FOR MOST OF WORKING LIFE)	26. KIND OF BUSINESS OR INDUSTRY
1		allston	Falkton General Hospital Laborer	OR INDUSTRY
13	o. ST	ATE 136 CQUNT	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 0 13c CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e STREET ADDRESS 8.74 47	12/
1		May Ha	artord Pylesuille YES NOW Old Pylesuille	190
14	l. FA	HER'S NAME	MIDDLE LAST FIRST MIDDLE	LAST
1	- 14/	JIMMY AS DECEASED IVER IN U.S. ARM	WAIKET Isadoe	white
10	(YES		RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS OF 41	7 201 0 126
=	_	No	Donald K. Wolker Pylesville	:, Md.21132.
		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	only one couse per line for (a), (b) and (c).) ED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Г		IMMEDIATE	ATE CAUSE (O)	
1		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	10.113
		gove rise to immediate couse (a) stating the under-	(e) (b) 2701 12701	
		lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
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	Ĕ	196. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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1		210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART	
		UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
1	ă	11d. INJURY OCCURRED	21e, PLACE OF INJURY (AT HOME, 211, LOCATION	
1	2	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	ITY STATE
			rge of the remains described above, held an Autapsy . Inspection . Inquiry and in my opin	
			ural couses Accident , Suicide , Hamicide , Undetermined manner ,	ion
1		1/1/11	TITLE (SPECIFY)	11/100
		ACTUAL SIGNATURE	M.D. ASSI DE MEDICAL EXAMINER SIGNED.	4/5/80
		- 1 MI	1 De se	- MI A. T
hor		TYPE OR PRINT)	13/11. 177053 ADDRESS 2404 1135377VIIIA KI	My while
23	o. BU	RIAL, CREMATION, REMOVAL 23	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY	MATS 1
L		Bural L	April 8, 1980 New Fredem Cemetery New Freedom Yo	7K Fenna
24		VERAL DIRECTOR	ADDRESS 24 SECOND 1250. D'ATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIG	NATURE
1	1	tomas / Ilan	1600 may how 17340 APRIL 1981	Cready

FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2e. DATE OF DEATH MONTH 2h. HOUR 240 on of 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR MONTHS DAYS HOURS. 1905 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOSPITA Cement Finisher Gov't 136. INSIDE CITY LIMITS? 13R SIPERY ADDRESS NO [IS. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Warfield Madie ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT Aberdeen Maryland 21001 Hanover Street 220-22-0995 Shirley W.Sconion Apt. C APPROXIMATE INTERVAL METWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO YES [NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 19 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN 4-14-80 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OF TOWN Union Methodist Cem. -Harford Md. Aberdeen.R.D

DHMH-16 25M (VRA 15, 4) 1/79

Tarring Funeral Home, P.A. Aberdeen, Md. 21001

March Taracher Child . Hit wolfer, . L. T. and the control of the contro Marriary June 2000, 2.1., Deprive A. 1820 L. Ett en anné embrer de la resultata de la resul A REGINE AL PROPER PLANT man him and WELLER WE FERMEN - TENSOR BENSON MONTH

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